
**THE ROLE OF THE WORKSHOP
IN REHABILITATION**

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THE ROLE OF THE WORKSHOP IN REHABILITATION

NELLIE ZETTA THOMPSON, Ed.D.

Editor

A Report of

The National Institute on the Role of the Workshop in Rehabilitation
Bedford Springs Hotel, Bedford, Pennsylvania

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1229 Twentieth Street, N. W., Washington 6, D. C.

NATURE OF REPORT

The publication does not necessarily represent an official view of the grantor, either of the co-sponsors, or any participating association or individual. It is, rather, a composite report of the views and opinions expressed in exploratory discussions within a creative group structure at the Institute.

Preface

The National Association of Sheltered Workshops and Homebound Programs, Inc., has long been aware of the need to define the role of sheltered workshops in relation to total rehabilitation.

The material found here is the culmination of countless hours of work by members of the Association in cooperation with other groups in an effort to meet this need. This book attests the fact that we have achieved our immediate objective of defining the role of the workshop in rehabilitation.

The greater task of classification, development of standards, and accreditation remains to be accomplished if we are to know full success and attain the ultimate goal of maximum comprehensive service to the handicapped.

CLYDE E. BEDWELL, President
National Association of Sheltered
Workshops and Homebound Programs, Inc.

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Muskegon, Michigan

July 1, 1958

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Foreword

This publication is the report of an initial, unique effort on the part of leaders and organizations concerned with operating workshops for handicapped persons, to determine their role in rehabilitation.

As such it reflects many viewpoints and brings into sharp focus the rapidly emerging important roles vocational training and employment can have in rehabilitation programs. It is not a textbook or manual. It is not a history. Careful students of vocational programs for handicapped people will find in this report a revelation of the strengths and weaknesses of workshop programs. Some information on the wide variety of services and types of organization will be found. Some new comprehensions of philosophy, purpose, and policy will be in evidence. Of most importance is a very real sense of awareness of the challenge now before workshop programs to become by organization, by community integration, by professional staff and services, and by a sense of maturing responsibility, a recognized and accepted part of the rehabilitation team.

The contribution of many persons and organizations made possible the planning and execution of the Institute. To name them all would be most difficult, but the Executive Committee is cognizant of their cooperation and gratefully acknowledges the support and service so graciously and generously given.

A word of special commendation is given to Mr. Alvin D. Puth, the Director of the Institute, for his splendid leadership, to Dr. Nellie Z. Thompson for her service in preparing and editing this report, to the Federal Office of Vocational Rehabilitation for its financial and service support, to the National Rehabilitation Association and the National Association of Sheltered Workshops and Homebound Programs for their sponsorship, and to the members of the Executive Committee whose service and planning made this Institute possible.

In any way the program and service of workshops for the handicapped has been advanced, the sponsors and the Executive Committee will find in that advance the satisfaction of knowing the effort has been worthwhile.

PERCY J. TREVETHAN

Chairman, Executive Committee
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of the Workshop in Rehabilitation

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July 1, 1958

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Acknowledgement

The report of the National Institute on the Role of the Workshop in Rehabilitation is an integration of 320 odd reports, namely: the 12 addresses of the 6 general sessions; the 72 brief and 71 detailed summaries of group discussions; 4 reports of special interest groups; 65 group evaluations and more than 100 individual evaluations. The purposeful effort of every one of the approximately 200 Participants registered at the Institute gave substance to the report and enabled it to present a composite of a cross section of thinking among workshop and related rehabilitation personnel.

The outline of content for the addresses and group discussions was developed prior to the Institute by members of the Advisory Committee for Planning. The staff of the National Training Laboratories of the National Education Association gave seasoned guidance in the group discussion structure of the Institute.

Groups were ably guided toward good procedures and productivity by their Coordinator, E. B. Porter, Assistant Chief, General Rehabilitation Services, Office of Vocational Rehabilitation, Washington, D. C. Much credit is due the Group Discussion Leaders for creative group thinking and the attainment of the Institute objectives. The burden of reporting fell upon the shoulders of the Group Discussion Recorders, who gave unstintingly of their time and energy to provide records of all group discussions.

The Speakers, whose addresses stimulated group discussions; the Consultants, who gave generously of their services; and the Participating Organizations and Agencies, which lent their support, were responsible for many of the fine aspects of the Institute.

The Institute was enriched by an evening devoted to special interest groups, for which E. Willard Jensen, Rehabilitation Specialist, Office of Vocational Rehabilitation, Washington, D. C., acted as Coordinator. To those who acted as hosts for these 18 Informal Discussion Groups on extra-Institute topics and to those who volunteered summaries of discussions, the publication is indebted for pertinent data. On this same informal evening, Milan R. Radovich, Administrative Assistant for Public Relations, Hughes Aircraft Company, Culver City, California, showed a film on the employment of the handicapped in the aircraft industry, which was greatly appreciated.

The Goodwill Industries of America contributed office space for the Institute staff and extended many services and courtesies. Distribution of the publication will be handled by its headquarters staff.

Ruth O'Neal rendered valuable secretarial service. Isabel Perrie ably aided in the technical preparation of the manuscript. The staff of the Clements Printing Company, Inc., offered experienced assistance in the design and printing of the publication.

The Executive Committee recognized that there was a great investment of time and money and human resources in the Institute and that the productive thinking of the Participants should be conserved for its long-range value to rehabilitation. It was this Committee's vision and energetic leadership throughout the planning and preparation of the publication that made the realization of a printed record of Institute proceedings possible.

Serving in an advisory capacity in the development of the Institute report were members of the Editorial Advisory Committee. These five persons, on a voluntary basis, spent many hours in exploratory planning, consultation, and critical review of the manuscript. They brought to the publication the varied strengths of their professional background and experience. Their counsel was of high calibre and deep concern for the impact of the report on the workshop movement in rehabilitation.

The planning and preparation of group procedures prior to the Institute, the coordination and summarizing of group reports during the Institute, and the fostering of an exchange of information following the Institute, were essential phases of Institute activities for which the Institute Editor was responsible in connection with the preparation of the Institute report. Dr. Nellie Z. Thompson has rendered a significant professional service as Institute Editor.

This publication is the culmination of many months of cooperative effort involving many people. To all of those who have had a voice in the content of the publication and a hand in its preparation and distribution, the Sponsors of the Institute acknowledge their appreciation in the cause of Workshops and their role in Rehabilitation.

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July 1, 1958

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1. REHABILITATION NEEDS OF THE HANDICAPPED

Needs of the Handicapped

Economic Needs

Medical Needs

Psychological Needs

Spiritual Needs

Educational Needs

Social Needs

Vocational Needs

Needs That Can Be Met Through Rehabilitation

Unmet Needs of the Handicapped

Needs the Workshop Can Serve

The emphasis in rehabilitation should be on individual rather than on universal needs of the handicapped. Although certain needs may exist for all handicapped persons, the interaction of needs within each individual is unique and dynamically changing. The workshop can best meet those needs which are related to work experience as a part of comprehensive rehabilitation.

1. Rehabilitation Needs of the Handicapped

The Institute attempted to identify the major needs of the handicapped and to determine which of those needs are being met and which could be met by the workshop.

Rehabilitation needs of the handicapped individual can be defined, in the opinion of the participants, from three points of view: (1) as understood and expressed by the handicapped person, (2) as evaluated and interpreted by the rehabilitation worker, and (3) as established and imposed by the societal structure. None of the three can justifiably stand alone as a single determinant of the rehabilitation needs of the handicapped individual.

Although basic human needs are assumed to be the same for all individuals, whether or not they are handicapped, the emphasis in rehabilitation should be on individual rather than on universal needs. It is believed that needs may vary with the type of disability and the type of handicap, but that some disability groups have similar needs. It is thought that needs may vary with the severity of disability or handicap, but that the essentials of rehabilitation needs are basically the same.

Needs may be categorized and exist generally for all handicapped persons, but for each individual the needs exist in varying degrees and combinations. The pattern of needs for each handicapped individual is not constant; it is dynamically changing. In effect, the needs of a given disabled individual are unique.

NEEDS OF THE HANDICAPPED

Economic Needs

Every human being needs an adequate income for food, clothing, and shelter; for the maintenance of physical and mental health. The need for economic independence is accentuated in the handicapped individual by his other areas of need, principally vocational.

While the handicapped person is often dependent upon others, it is also frequently true that others are economically dependent upon the handicapped individual. Adequate income during physical restoration, vocational training, and placement becomes an imperative need.

Medical Needs

The handicapped individual needs physical or mental restoration. He may require surgery, medication, hospitalization, physical therapy, prosthesis, or specially designed equipment to aid in performing the activities of daily living. The need for improved physical or mental function underlies other needs.

Increased attention is being given psychosomatic conditions and other medical-psychological problems prevalent among disabled people.

Psychological Needs

All human beings need to understand themselves. They need self-adjustment, self-confidence, self-development, and self-respect. They need to recognize their capacities as well as their limitations. For the handicapped individual, self-understanding is complicated by the problem of the impaired self-image. Too commonly the handicapped person is more conscious of his differences than of his similarities, of his losses than of his abilities. He acquires a sense of misfortune and a feeling of inequality. Acceptance of his disability and its accompanying handicap is a key need.

Every individual also needs personal satisfactions of a sense of self-importance, an avenue of self-expression, the assurance of being loved and wanted, a feeling of worth and appreciation. The emotional security and stability of the handicapped person appear to be more precarious than that of the nonhandicapped person, not only because of his disability but also because of his limited environment. The handicapped individual is in need of personality development and of adjustment to his emotional problems.

Assistance in the first steps toward maturity or toward independence is the need of some handicapped persons. Their fear of change from a protected or an institutionalized environment to more normal living needs to be reduced. Their concept of the relativity of dependence and independence may need to be altered for them to accept the degree of independence concomitant with their potentials.

To develop a concept of self as a worker and to develop a positive attitude toward work are needs of those individuals who have vocational possibilities. The aspirations of the handicapped individual need to be realistic. Motivation to achieve his full potentials is a fundamental and constant need of the handicapped individual.

Spiritual Needs

The handicapped person has spiritual needs. The satisfaction of these needs can aid in the understanding of self and in the acceptance of a handicap. Spiritual values can also favorably affect interpretation of material considerations and human relationships.

Educational Needs

The handicapped individual sometimes lacks education because he has been unable to utilize physical facilities designed

for normal children. In other instances there has been no provision for home teaching or for a hospital school. Frequently the handicapped individual has dropped out of the public school because there was no provision in the curriculum for special education. Sometimes persons have been institutionalized because special educational facilities were too distant or too costly. Occasionally advanced education is interrupted by disability or an adult requires re-education as a result of a handicap.

Therefore, educational needs vary from rudimentary to professional education, from home teaching to hospital classes, from special education in the public school curriculum to special schools for a particular handicap.

Educational needs may be vocational or avocational. The handicapped individual needs to grow intellectually insofar as his intelligence permits.

There are two approaches to the problem of education of the handicapped: (1) compensation for lack of education resulting from a disability; and (2) a positive approach developing to the fullest the assets of the handicapped person so that he may compete on more equal terms with the nonhandicapped.

Social Needs

There need to be four levels of acceptance of the handicapped individual: (1) family acceptance, (2) community acceptance, (3) societal acceptance, and (4) cultural acceptance.

The handicapped individual needs the acceptance of himself as a person by his family. Their understanding of his aptitudes and his restrictions is essential. Their acceptance of his vocational goals and plans is needed for his successful rehabilitation.

Varied interpersonal relations and lasting friendships are needed by the handicapped person. He needs opportunities for socialization and recreation. He needs diversions and challenging activities in solitude. He needs to develop skills and habits in personal grooming. He needs to practice self-discipline. He needs to feel productive vocationally and creative artistically. He needs to participate in the community structure as a citizen. The handicapped individual needs community acceptance which is demonstrated by the provision of opportunities to meet his needs by individuals and groups.

The handicapped person needs the acceptance of the society of which he and his community are a part. If the handicapped individual is to feel accepted by the social order, there needs to be tangible evidence of that acceptance.

Unless the stage of cultural development is characterized by the acceptance of the handicapped individual in the thought and emotional patterns of the people, that needed feeling of acceptance cannot permeate from mass to individual feeling. The

handicapped individual needs to feel the cultural acceptance of him as a person before he can make complete social adjustment.

One of our culture's features is the emphasis on work. Work contributes to status. As long as this characteristic prevails, the handicapped person vitally needs work.

The handicapped person needs preparation for readiness to enter or re-enter the community. He needs help in adjusting to new or changed conditions. He needs an environment in which he can gradually and realistically approach normal participation in community life and the workaday world.

He needs work experience in a real or simulated work environment that can aid in his physical, mental, emotional, personal, and social, as well as his vocational, adjustment.

Vocational Needs

Vocational preparation is usually needed by the handicapped individual before he can assume or resume his place in the community. Frequently the attainment of economic independence is a major aspect of rehabilitation.

Many handicapped persons have special needs for the ascertainment of work tolerance, for a period of controlled work conditioning, for occupational therapy, and for work therapy.

For those lacking work experience, there is need for diversified opportunities for a practical try-out of vocational potentials and for an exploration of job types, where suitability of job and physical tolerance can be established.

Many of the severely disabled who are confined to their homes, and many who are able to travel, need special equipment and tools in order to be able to work.

Vocational training (or retraining if the individual has had previous work experience) is needed by the handicapped person. He needs to acquire saleable skills. Ordinarily the handicapped person needs to develop work and work associated habits. There is need for more areas of training, for more varied opportunities, in which the handicapped individual might find and perfect his skills, recognize and accept his limitations.

Handicapped persons need assistance in deciding upon realistic vocational objectives in planning for their achievement. Those who must adjust to a future without gainful occupation or without competitive employment need special counsel.

The handicapped person needs gainful employment or purposeful employment which is indirectly gainful as in the case of the housewife whose ability to assume household duties may mean releasing a member of the family for paid work. Adequate wages are needed as an incentive for work.

Most handicapped persons who are ready for employment need assistance with placement in a job suitable for them or

with the creation of work they are peculiarly suited to do. Because of the selective nature of the placement of the handicapped individual, he needs to be oriented to placement procedures and problems.

A major need of the handicapped individual is gainful employment which is realistically related to his vocational needs and to the occupational opportunities of the community. The handicapped person needs assistance in finding and retaining such employment. If placement in competitive employment is not possible, there is need for the provision of reasonably gainful and purposeful employment under controlled conditions.

NEEDS THAT CAN BE MET THROUGH REHABILITATION

All of these categories of needs—economic, medical, psychological, spiritual, educational, social, and vocational—are being met in some measure through specialized or comprehensive rehabilitation efforts. However, ministering to these needs does not always mean successful rehabilitation, either in a limited area or in a total sense. A satisfactory way to determine the complexity known as rehabilitation has not yet been devised.

If we accept Hamilton's* concept of a *disability* as the presence of a mental or physical impairment, and a *handicap* as a barrier to normal living inherent in or imposed by a disability, then *rehabilitation* is the organized effort to help the individual remove or surmount that barrier and live a useful and satisfying life.

When those professionally engaged in rehabilitation more fully understand the interrelatedness and the dynamic interaction of the needs of the handicapped individual, rehabilitation will better meet the unique combination of needs that exists in each handicapped individual.

UNMET NEEDS OF THE HANDICAPPED

While all categories of needs are being met to some degree, no category is being met ideally and completely. Appraising unmet needs in terms of categories and individuals does not provide a complete picture. Unmet needs must also be assessed collectively in terms of particular types of handicapped people and in terms of environment.

Considerable emphasis has been placed upon vocational rehabilitation, and a gratifying amount of success has been achieved statistically as well as individually. However, scientific techniques have not been fully investigated or applied in vocational rehabilitation. Elements such as training, evaluation,

* Kenneth W. Hamilton. *Counseling the Handicapped in the Rehabilitation Process*. New York: Ronald Press, 1950.

and placement have been largely regarded as discrete parts rather than as integral parts of the whole.

Perhaps the greatest unmet need of the handicapped individual is for vocational rehabilitation with a more enlightened approach. Vocational rehabilitation has been rather generally treated as a separate phase of rehabilitation instead of part of total rehabilitation. The value of work as a rehabilitative tool has not been sufficiently explored or determined.

Among those whose rehabilitation needs are not being adequately met are the aging, that growing segment of the population whose declining skills and physical abilities, combined with their subsistence level benefits and increased leisure time, make gainful employment desirable but difficult to obtain.

Another group whose needs are not being satisfactorily met are the homebound. It has been demonstrated that these individuals are capable of a higher degree of rehabilitation than was long believed.

Admittedly, insufficient attention has long been given the needs and rehabilitation potentials of those with low intelligence and its accompanying adjustment problems, particularly youth and the young adult. Experimentation should provide helpful information in this area.

Rehabilitation workers have become aware of another type of person for whom there are no special provisions—the intellectually superior person with such severe physical disability that he cannot take advantage of programs geared chiefly to physical rehabilitation.

Sufficient efforts have not yet been made in connection with meeting the rehabilitation needs of those who are ready to be dismissed from psychiatric or other special hospitals. As medical science advances, these people become ready for dismissal in greater numbers. Their most urgent need is for a controlled preparation for gradual re-entry into community life, perhaps even for a continuing protected environment in which tolerance can be increased and further deterioration prevented.

There are others who must continue to be hospitalized for medical treatment but who have a limited degree of activity which may or may not be productive. In general, the needs of these people are met only spottily on a voluntary basis without cognizance of maximum rehabilitation.

As evidenced by the multiplicity of organizations designed to serve specific disability groups, and the ever increasing number of these voluntary organizations as widespread need has become apparent on a national scale, the needs of specific disability groups are not being completely met. Particularly is this true in communities where the incidence of a particular disability does not appear to merit organized effort at the local level, and existing agencies exclude it from their services. It

is also true where physical restoration services overshadow all others.

Most rehabilitation agencies are not equipped to handle severe cases of multiple disability. Yet multiple disability cases comprise a large percentage of handicapped cases needing rehabilitation. The greatest need of the multiple handicapped individual is probably the opportunity for work or for purposeful activity which is not necessarily productive.

Since the punitive attitude toward alcoholism is diminishing, and since there has been medical and psychiatric progress in this field, the emphasis on the rehabilitation needs of the alcoholic has been underscored. Only a beginning has been made in this field. A similar statement applies in the area of drug addiction. The special needs of these groups have not been scientifically determined and translated into rehabilitation effort to a sufficient degree.

There has been an awakening to the value of the social rehabilitation of those persons institutionalized for crimes against society. The full meaning of comprehensive rehabilitation and the therapeutic possibilities of work within the authoritarian setting are difficult to realize. The period of social adjustment between release from prison and full participation in community life has had insufficient attention, but it is encouraging to note the growing concern of citizen groups in this area of need.

It is advisable to think in terms of *habilitation* as well as *rehabilitation*. There exists a large segment of the handicapped population who have been isolated, neglected, overprotected, and ignored as human beings. Their potentials are unknown. They have never had work or other normal experiences. Enough cases have been found and habilitated to encourage further efforts to offer these people a chance to have broadened experiences.

Among these people who have been hidden away in institutions and back bedrooms of America are many who cannot take care of their own personal needs. Amazing strides in therapy and engineering have enabled a large number of these severely handicapped persons to reach independence in the activities of daily living. With therapy and specially designed gadgets, they have learned to eat, clothe themselves, retire and arise, attend to toilet habits, ambulate, and travel without assistance. Often this reasonable degree of self-care has motivated and made possible further progress toward independence—in some cases even to economic independence. Rehabilitation efforts ought to be further extended to this segment of the population. There is need for types and values of work and purposeful though not gainful activity for the severely handicapped for whom voca-

tional rehabilitation has not been and may not be considered feasible.

Many handicapped citizens are denied rehabilitation by reason of the area in which they chance to live. Their needs are not served adequately because of the inaccessibility of specialized and professional services and the cost attached to traveling great distances to obtain such services.

In such sparsely settled areas of the country, in rural areas, and in small non-industrial towns, there is a pronounced lack of work opportunities, both in range and in number. A creative and exploratory approach is indicated to overcome the environmental limitations.

Lastly, it must be conceded that an unknown number of handicapped cases exist in the population. These cases must be found if America's human resources are to be conserved.

NEEDS THE WORKSHOP CAN SERVE

Which of these categorical, individual, group, and environmental needs can the workshop serve?

The workshop can best meet those needs focused upon work experience. For some handicapped individuals this will mean vocational rehabilitation leading to employment and independence. For others it will mean gainful or purposeful activity for an indefinite period of time under controlled or protected conditions.

The workshop can, by integrating the work experience it offers with other rehabilitation resources, effect a more comprehensive rehabilitation of the handicapped individual.

By extending its services, increasing its staff, and adapting its physical plant and equipment, the workshop may be able to make vocational training and work experience available to those who have severe and multiple disabilities and handicaps and to operate on a nonsegregated basis with respect to specific disabilities.

By coordinated effort with other rehabilitation agencies, the workshop would be able to offer more specialized services in the area of vocational training and evaluation to meet the need for these in a realistic work situation.

Revamping services and organization would make it possible for the workshop to meet the needs of a larger geographical area. Greater diversity might permit the workshop to enlarge the scope of its work opportunities.

Although the workshop grows out of the general need of the community to meet the specific needs of handicapped individuals, the workshop cannot meet all rehabilitation needs of either the community or the individual. The workshop must gear its program to meet community and individual needs for work experience as a part of comprehensive rehabilitation.

2. REHABILITATION SERVICES FOR THE HANDICAPPED

Types of Service Needed for Rehabilitation

- Case Finding
- Evaluation
- Physical Restoration
- Counseling
- Training
- Adjustment
- Placement
- Follow-up

Services Offered by the Workshop

- Case Finding and Acceptance Services
- Supportive or Enabling Services
- Vocational Evaluation and Vocational Adjustment
- Production Experience and Employment
- Placement

Adequacy of Services

Integration of Professional Services

- Use of Pertinent Data
- Communication
- Interagency Relations
- Professional Preparation and Orientation
- Coordinating Organization
- Definition of Services

Rehabilitation services should be based upon the needs of the handicapped individual. Few workshops, with their specialized emphasis, currently provide the wide range of services needed for comprehensive rehabilitation. Integration of professional services within the workshop and the community becomes necessary for the best interests of the individual and the community.

2. Rehabilitation Services for the Handicapped

Rehabilitation services should be based upon the needs of the handicapped individual and of the community.

TYPES OF SERVICE NEEDED FOR REHABILITATION

Comprehensive rehabilitation services are indicated. Those areas of service commonly needed by the handicapped individual are as follows:

Case Finding

There needs to be a systematic method of identifying the handicapped individual in the population and of establishing early contact with him to facilitate his rehabilitation. A census of disabled persons is not sufficient without continuing follow-up to secure information on new cases and without careful analysis and interpretation. Reliance upon voluntary application for rehabilitation services cannot be successful without more widespread publicity of available services. The development of channels of referral from health, welfare, education, medical, and other agencies related to rehabilitation can be refined and utilized more fully to bring the person in need of rehabilitation to the appropriate source of service.

Evaluation

The effectiveness of rehabilitation services depends upon the completeness and accuracy of the study of the handicapped individual's physical, psychological, educational, social, vocational, and economic status. These specialized aspects need to be professionally evaluated and synthesized for the formulation of a rehabilitation diagnosis and a recommended plan of rehabilitation services. Evaluation is a continuous, not a static, service.

Physical Restoration

Physical restoration services are those services designed to improve the handicapped person's physical and mental functions. They include such services as surgery, medical treatment, hospitalization, prostheses (including limbs, sensory aids, dentures, braces, etc.), surgical appliances, medical maintenance, convalescent care, and various therapies. Physical restoration services are frequently the foundation necessary for the administration of other services.

Counseling

Counseling is needed to assist the handicapped individual to understand himself and his needs, his potentials and limitations; to help him determine realistic rehabilitation objectives and utilize available services in attaining them; to aid him in the removal of barriers that stand between him and maximum adjustment. Counseling includes an interpretation of social behavior toward the handicapped person; of society's limitations in bringing to him all the services that would be ideal in helping him to move to goals for which he has a maximum adjustment potential; and of the specific areas in which the particular agency can help him. Counseling and guidance are needed in the home, the hospital, the clinic, the employment service office, and wherever the handicapped person is served. Counseling is needed throughout the rehabilitation period.

Training

The handicapped individual needs training or retraining to enable him to work for the first time, to return to his former job, or to enter a new occupation. Training services should focus upon the development of skills that can be used in attaining economic sufficiency. Vocational training may be arranged in workshops, factories, or schools, and by correspondence or tutor.

Adjustment

Moving from a world of dependence to a world of independence is a disturbing experience for the handicapped person. Various services are needed for augmenting his personal, social, and vocational adaption. Such services as maintenance, new socializing experiences, and prevocational training aid adjustment.

Placement

For a large number of handicapped persons, employment is the goal. Nevertheless, placement should not be equated with rehabilitation. If vocational rehabilitation is to be successful, the handicapped individual and the appropriate job peculiarly suited to his specific capabilities and limitations must be brought together. This does not necessarily mean that there is one job most suitable for a particular person. It infers rather that an individual who has certain limitations and a job or jobs which impose certain restrictions are brought together. Within these limits there are wide variations possible. This sort of selective placement differs markedly from the ordinary employment service.

Follow-up

Even after placement, the handicapped individual needs continued assistance in adjusting to his work situation and to his wider social sphere. He may also need continued medical supervision or social casework services. Further interpretation to family, employer, or community may be required. Adjustment of specialized equipment may be helpful. Continued counseling after placement is a need which in many instances exists independently of other needs. Follow-up services of this nature are needed for comprehensive rehabilitation.

SERVICES OFFERED BY THE WORKSHOP

There is probably no single agency which offers all these rehabilitation services. Few existing workshops, with their specialized emphasis, can provide such a wide range of services. However, a composite picture of the services workshops offer presents a rather broad offering to the handicapped individual seeking rehabilitation. Services provided by workshops as a whole may be grouped as follows: *

Case Finding and Acceptance Services

The workshop attempts to establish early contact with the disabled person to facilitate his rehabilitation. The workshop is largely dependent upon referral from health, welfare, social, and rehabilitation agencies. Case finding is used in a dual sense: one, the finding of cases by the workshop; the other, finding cases which need the services of other agencies. In such instances the workshop performs a service by referring disabled persons to the appropriate community agency if the needed services are not provided by the workshop; and it in turn receives similar referrals.

Thorough preliminary evaluation at intake is sound preparation for effective workshop service. This evaluation ordinarily has five aspects: (1) *medical*, in which the individual is given general and specialty examinations to determine eligibility for service, necessary remedial treatment, and a plan for workshop services; (2) *personal*, in which a case study of personality factors is made; (3) *social*, in which family, community, and environmental factors affecting the individual's rehabilitation are studied; (4) *psychological*, in which intelligence, aptitude, dexterity, and other tests are administered and inter-

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preted; and (5) *vocational*, in which general education, specialized training, work attitudes, and job history are assessed. With this array of information properly weighed and related, it is possible to determine a more promising plan of rehabilitation services for the handicapped person.

Supportive or Enabling Services

Those services which are intended to facilitate and strengthen the beneficial effects of the principal services of the workshop are commonly known as supporting or enabling services.

They have at least five areas of emphasis: (1) *medical*—re-examination, treatment, and therapy; (2) *social*—casework and family services; (3) *counseling*—psychological, personal adjustment, and vocational; (4) *training*—self-help or independent living; and (5) *sensory aids*—hearing and optical aids and speech therapy.

Vocational Evaluation and Vocational Adjustment

Vocational diagnosis and evaluation of work potential are essential to a sound program of training and placement. Useful in vocational diagnosis and evaluation are (1) work sample testing based on industries in the community, (2) testing and try-outs in production operations, and (3) situational evaluation in a variety of actual or simulated work activities.

Vocational adjustment requires training in broad occupational areas and in skills applicable to them as well as on-the-job training in the skills of specific operations. It also involves consideration of physical and mental work tolerance levels. Personal adjustment to the work situation is achieved through services which help the handicapped individual to establish good work habits and to build satisfactory work attitudes. Special attention is given in the area of work motivation. Satisfying interpersonal relationships in the work situation are fostered.

Production Experience and Employment

The workshop offers work experience in real or realistic industrial production. To some handicapped individuals this is an initial work experience. To others it means continuing employment under controlled and protected conditions for an indefinite period. To most workshop employees it means a stepping stone to similar employment in private industry. It is through production that work can be used as a therapeutic activity.

Placement

The workshop and the agencies with which it cooperates in providing rehabilitation services study the work opportunities of the community. Together they assist the handicapped individual in obtaining and retaining employment which affords him economic independence.

ADEQUACY OF SERVICES

In no area are needs being met adequately. Evaluation services, the key to rehabilitation planning for the handicapped individual, particularly need strengthening. One of the greatest rehabilitation needs of most communities is a centralized and comprehensive evaluation service encompassing specialized physical, psychological, social, and vocational services.

Since medical rehabilitation has advanced more rapidly than vocational rehabilitation, there is a serious lag in the preparation of handicapped individuals for employment and in finding employment for them. To bridge the gap between medical rehabilitation services and the ultimate job objective is an imperative need—a need with which workshops are especially concerned.

Improved vocational services demand increased knowledge about fitting handicapped people to specific jobs, and specific jobs to given individuals; about the world of work and its occupational families; about the organization and relationships of labor and industry; about the physical and emotional demands of various types of work. Especially needed are vocational rehabilitation resources for the solution of problems of severely handicapped persons in preparing for, seeking, securing, and maintaining employment.

INTEGRATION OF PROFESSIONAL SERVICES

Underlying the need for improved evaluation and vocational services is the need for a professional and team approach to these closely interrelated aspects of rehabilitation. Whether the services are offered by one agency or by the joint efforts of several agencies, the benefits of evaluative, supportive, and vocational services are enhanced by integration.

There are numerous approaches to an integration of professional services for the handicapped individual. All avenues to integration rest upon the willingness of an agency to define its own professional services and to share them in the interest of rehabilitation.

Use of Pertinent Data

One of the beginning steps is the coordination of data concerning the handicapped individual. For effective service at any stage of rehabilitation, all available information about the person should be brought together. For instance, knowledge of preconditions or psycho-social habits are valuable to all personnel involved in rehabilitation services for a particular person.

Communication

Channels of communication within an agency staff as well as between and among community agencies should be established and kept open. In the case of many workshops, there is a special implication for effective communication between the professional and production staff members. In those workshops which use professional persons in all positions, the problem of communication is present but less pronounced.

One of the primary problems of communication among the many professional personnel engaged in rehabilitation services is the multiplicity of technical vocabularies. For improved communication there needs to be a selected, precise terminology with common meaning for the several professional disciplines concerned with rehabilitation.

Interagency Relations

Mutual confidence and respect are essential for effective interagency relations. Rehabilitation agencies ought to be guided by the principle that rehabilitation is a continuum in which mutual planning by and for the total community is essential for the best service to the handicapped individual. Only together can rehabilitation agencies recognize individual and common difficulties such as duplication or lack of services and explore ways of overcoming them.

Professional Preparation and Orientation

To achieve effective integration of services within a staff or among agencies, personnel must, in connection with their area of professional specialization, be oriented to the broad meaning of rehabilitation. If this has not been accomplished in the course of their professional education, activities, or experience, there should be provision for such orientation by the agency which needs their understanding and cooperation.

Coordinating Organization

Most of the approaches to integration which have been suggested are informal. A permanent central agency with a work-

able referral procedure might be the answer in some localities. A professional services pool has advantages under some community conditions. The idea of the team of professional workers has found favor in many areas, whether the team has a continuing or rotating membership, whether the team is stationary or itinerant.

Definition of Services

Fundamental to integration is the definition and delimitation of the areas of service for which a staff member or an agency is responsible. The workshop must recognize that it both supplements and complements the work of other rehabilitation agencies. The demarcation must be clear to the workshop itself before it can be clear to related agencies. Caution should be exercised, however, to prevent delineation from becoming artificial and rigid.

It may be helpful for the workshop to think of itself as a *vocational adjustment center*—a facility which utilizes work as the principal therapy aimed at development of the maximum work potential of the handicapped individual; which provides medical, psychological, social, and religious services as required to achieve its objectives; and which offers transitional work experience or permanent employment for the handicapped.

Thus, in a pattern of integrated services, the vocational adjustment center might utilize the professional services of other agencies and become for them the vocational resource for the solution of the problems of severely handicapped persons in preparing for, seeking, securing, and maintaining employment.

3. WORKSHOP PROGRAMS

Traditional Patterns	Individual Adjustment
Charitable	Profit Motive
Religious	Varied Orientation of the
Educational	Workshop
Medical	Charitable
Rehabilitation	Social
Forces Affecting Change	Psychological
Stereotype of Traditional Patterns	Educational
Vested Interests	Medical
Stagnation	Vocational
Sponsorship	Work
Theoretical Basis	Varied Settings of the
Rivalry	Workshop
Professional Leadership	Voluntary Health
Community Resistance	Organizations
Favorable Influences	Religious Organizations
Sociologic Changes	State Controlled Homes,
Economic Conditions	Schools, and Industries
Community Pressures	Penal Institutions
Activities of National Health Organizations	Private Industry
Professional Advances	Homes of the Severely Handicapped
New Concepts	Hospitals
Enlightened Administration	Comprehensive Rehabilitation Centers
Research and Demonstration	Research and Demonstration Environment
Awareness of the Meaning of Rehabilitation	Community Organization
Predominant Patterns	Location of Workshops
Homogeneous Disability	Administration of Workshops
Emphasis	Sponsorship of Workshops
Salvage Bureau Dependency	Evolving Patterns
Production Focus	Expansion of Programs
Manual Crafts Basis	Evaluation of the Workshop Program

The workshop has a long developmental history which is apparent in today's programs. There have been elements which militated against change, but there are presently many influences favoring improvement of workshop programs.

The pattern of workshop programs is varied. The evolving general concept of the workshop appears to be that of a center providing work environment and work experience for evaluative, diagnostic, therapeutic, and employment purposes, and relying upon community rehabilitation resources for other specialized evaluative and supportive services.

The improvement of workshop programs will depend upon planned evaluation of existing programs in terms of criteria based upon their objectives.

3. Workshop Programs

The workshop has a longer history than any other present day facilities for rehabilitation. It is difficult to determine with certainty its origin. Some writers trace the beginnings of the workshop to the efforts of St. Vincent de Paul in the early Seventeenth Century. Others regard the workhouses established under the Elizabethan Poor Laws as the forerunner of the workshop.

Some believe that the first employment opportunities for the unfortunate poor and physically defective were afforded in Continental asylums. It is believed that the gathering of the poor and disabled into monasteries by the Church during the Reformation gave impetus to an organized and purposeful attack on the problem.

It was not until the period of the Renaissance that there were indications that the disabled were the responsibility of society. By the Eighteenth Century, Western civilization, resting as it does on the Christian concept, and influenced by the effects of mass production brought about by the Industrial Revolution, there began to be an organized social interest in the disabled in the form of physical and custodial residence.

TRADITIONAL PATTERNS

To understand the varied types of workshops in existence today, and to see the direction of their evolution for tomorrow, it is well to look at their divergent lines of development.*

Charitable

In Biblical times, the disabled were looked upon as having been cursed by a divine source. In the Middle Ages, the Church began to care for the deaf as objects of charity. Then crippled beggars were given shelter in abandoned monasteries.

The Poor Laws of Seventeenth Century England recognized community responsibility in providing relief and maintenance of workhouses, or poorhouses as they became known in America. On the Continent, the indigent and disabled were placed in asylums during the 1700's. Early charitable efforts were centered wholly upon the custody of a distasteful burden of society.

* Edward L. Chouinard, Rehabilitation Specialist, Office of Vocational Rehabilitation, U. S. Department of Health, Education, and Welfare. "Sheltered Workshops—Past and Present." (A paper delivered at the Fifth Atlantic City Rehabilitation Conference sponsored by the National Rehabilitation Association, June 10-11, 1957.)

Religious

St. Vincent de Paul, in the early 1600's, pointed the way to use work as a therapy for body and spirit. He established a small hospital where old people found shelter and work suited to their condition. Through his efforts, too, a general hospital served as a haven for the poor and a place where they could work.

During the 1890's a schism in the Salvation Army led to the organization of the Volunteers of America. Both organizations use work as a medium for moral uplift. The indigent, the aged, and the alcoholic have received special attention. The work provided is dependent upon donated discards.

Goodwill Industries of America, since its founding in 1905 by a Methodist minister in Boston, has given work relief to those in economic stress, and has been an exponent of the practice of rehabilitation, including a spiritual emphasis, in a workshop setting.

Educational

Not until the Nineteenth Century was any effort made to teach the physically handicapped. The first home to offer both care and education facilities for the disabled was opened in Munich in 1820. After this start, public and private schools for handicapped children sprang up in Europe and the United States.

It was demonstrated convincingly that the blind were educable but that jobs were not available for them. At one of the early schools for the blind, Perkins Institution in Massachusetts, the first workshop in this country was established in 1840.

Within a decade it became apparent that the education of blind children and the employment of blind adults should not be conducted in the same institution. As a result, industrial homes, combining residence and work opportunities for adults, came into being.

Not until after World War I was the custodial atmosphere of the workshops for the blind abandoned for a rehabilitation emphasis. However, the separation of services for the blind continued and was reinforced by the preferential legislation of 1938, the Wagner-O'Day Act.

Medical

Multilateral emphasis in medicine led to the establishment of workshops for specific disabilities.

For many years the workshop movement concentrated on assisting persons having orthopedic disabilities. Emphasis on the study and practice of orthopedics in the Eighteenth Cen-

tury led to custodial homes, clinics, and hospitals for the crippled in the middle 1800's. These catered mainly to persons with amputations and diseases of the bones and joints.

In some of the early tuberculosis sanatoria, the workshop was recognized as a valuable means of developing work tolerance in conjunction with medical treatment. Notably the English, the Dutch, and the Swiss advanced this idea in the period following World War I.

Workshops for the tuberculous took two forms. One was the rural colony or settlement, established in connection with the sanatorium, which enabled the tuberculous person to work under medical prescription. The other was the urban workshop which allowed the inactive cases to live at home under normal conditions.

Rehabilitation

Physical medicine began to make itself known at the close of World War I. Organized rehabilitation programs were established, the first being the Institute for Crippled and Disabled in New York in 1917. Another early example was the American Rehabilitation Institute. Pioneers in rehabilitation began to sense that physical restoration and work training for the adult disabled were closely related. It had taken a long time for the 1877 statement of purpose of the Committee on the Severely Disabled to take roots: "To restore the individual to independence and self-support."

FORCES AFFECTING CHANGE

Workshops are in a period when they will have to change to meet the needs in their communities. They will have either to broaden their base of rehabilitation services or to become more specialized and closely integrated with a total community rehabilitation program. *What are the forces which militate against such change?*

Stereotype of Traditional Patterns

Foremost is the stereotype of traditional patterns. The ingrained charitable, religious, educational, and medical emphases have left their indelible stamp upon programs, budgets, and staffs. The habits of years have made programs agency-centered rather than handicapped individual-centered. Programs are those which agencies have always offered, not those which individuals and communities need today.

Vested Interests

In the established programs are strong vested interests of organizations, professions, and individuals. Organizations tend

to perpetuate their programs in order to perpetuate themselves. As specialization increases, professional groups become compartmentalized and guard against infringement. Change becomes a threat to the security of individuals, particularly to personnel who recognize that they lack desirable preparation for their work.

Stagnation

Both voluntary and public rehabilitation agencies are susceptible to stagnation. Though voluntary agencies may be more flexible than public agencies, they are held in check by limited and uncertain funds for operation. The public rehabilitation agency, bound by legal restrictions as well as by fluctuation in appropriations, must constantly resist routinism and impersonality. Preferential legislation has tended to cause a stabilized focus.

Sponsorship

The sponsorship of a workshop program limits its interests, views, and purposes. The orientation of the sponsorship often gives rise to a narrow and exclusive program of services in which a single area becomes dominant.

Theoretical Basis

Most of the adverse influences affect other social organizations as well as workshops. An important element affecting workshops is the lack of a theoretical basis. Since workshops are pragmatic and empirical, there is a tendency to repeat successful patterns without analyzing the reasons for success. Almost as significant is the need for a picture of what a workshop could be.

Rivalry

Rivalry among rehabilitation agencies, including workshops, is not unknown. Especially in fund raising is the competitive attitude evident. There is a veiled rivalry among agencies serving special disabilities and between civilian and veteran agencies. The workshop, at the present time, is concerned principally with the seeming similarity of the program of the comprehensive rehabilitation center and that proposed by some for the workshop.

Professional Leadership

The lack of professional leadership has been a force in haphazard growth of workshops and in their lack of a truly rehabilitation outlook. Some workshops have been promoted by individuals with an emotional or philanthropic interest, who had no professional knowledge or guidance in the establishment

of a workshop. Workshops have been administered, in far too many cases, by persons who were unaware of the rehabilitation potentialities; and, in some instances, by persons whose policies were geared wholly to the profit motive. Some workshops have not been under sound business administration. Workshops have too often been staffed by personnel who hesitated to utilize community resources or to perceive the values of a multidisciplinary approach to rehabilitation.

Professional leadership has also failed to provide, until very recently, research and professional preparation with rehabilitation orientation—and workshop orientation is still not emphasized.

Community Resistance

Lastly, community resistance to change is a factor which makes change difficult. Until communities become aware of the complexity of the problems of rehabilitation for the individual and for the community, and until they accept those problems, little exertion of effort in behalf of the workshop can be expected.

FAVORABLE INFLUENCES

While there have been adverse influences upon workshop growth and development and considerable resistance to change, there have been forces which have affected workshop programs favorably. Many of these influences have been outside the workshop itself. *What are the forces which have contributed constructively to workshop growth and development?*

Sociologic Changes

The social goals of the culture have undergone far-reaching change, beginning especially in the second quarter of the Twentieth Century. The social welfare concept of the nation has steadily broadened, as is evidenced by the role of the government. There is a definite feeling of public responsibility for the handicapped individual and his rehabilitation and a growing acceptance of tax supported rehabilitation services and financial security as the right of every disabled citizen.

The increasing proportion of the aging in the population, coupled with the longevity of life achieved by advances in medicine and the inadequate social insurance and pension incomes, has created new problems and new programs.

Economic Conditions

Depression and recession have left their mark upon the workshop, often strengthening its acceptability to organized labor and to the community. The full employment of the war years permitted experimentation in employment of the handicapped.

The decentralization of industry has had some impact upon the geographic location of workshops and upon their emphasis on production. It may eventually have an effect upon the organization of services and the manner in which services and handicapped individuals are brought together.

Automation is beginning to make itself felt in the operation of workshops, but the realization of its full meaning to training and production is not yet discernible.

Community Pressures

Communities have gradually become more aware of their rehabilitation needs through unilateral education programs of various agencies. Participation in United Fund or Community Chest campaigns has been a step toward a more comprehensive view of community needs. The rise of community planning councils has meant an increased emphasis on a multiple-disability, community-supported workshop.

Activities of National Health Organizations

Increasing and intensified activities of national health organizations have multiplied the number of workshops devoted to a specific disability. Previously unrecognized needs have been identified and met. Known needs have been served when there was no other agency to supply the need. Progressive views and adequate financing have enabled some of these workshops to offer a wide range of services. Although this has resulted in considerable duplication, the pattern of multiple service has made an impression on the workshop.

Professional Advances

Advances in physical medicine, psychology, social work, and counseling have lent varying emphasis to workshop patterns as the rehabilitation potential of the individual and rehabilitation techniques have become better known. The greatest current professional impact is the recognition of the value of the multidisciplinary approach to rehabilitation.

Both public agencies and voluntary organizations support programs in a number of graduate schools which are planned to give the student a better understanding of rehabilitation needs and problems, to acquaint him with methods and facilities for handling them, and to provide opportunities for him to work with personnel of several related professional areas.

New Concepts

A fuller understanding and acceptance of psychodynamic concepts as they relate to rehabilitation have modified behavior and attitudes among rehabilitation personnel. The concept of

work as therapy has had an impact on workshop thinking and practice. The differentiation of workshop objectives and the clearer focus upon transitional functions have fostered vocational rehabilitation.

Enlightened Administration

As administrators and executive boards of workshops have become more rehabilitation conscious, the programs of their workshops have changed. Most noticeable is the utilization of production as a rehabilitation tool and the desire to spend the rehabilitation dollar to the best advantage of the handicapped individual.

Research and Demonstration

The Office of Vocational Rehabilitation has authorized 23 demonstration projects under its research program, designed to apply improved rehabilitation methods and techniques to the rehabilitation of selected groups of severely disabled persons. Emphasis in all of these was placed on work-oriented rehabilitation resources: occupational centers for the mentally retarded (9); industrial work programs for the homebound and chronically ill (4); work adjustment programs for disabled persons with emotional disorders (3); occupational adjustment services for epileptics (1); work classification and evaluation center for the cerebral palsied (1); optical aids clinics for the visually handicapped (5).

Awareness of the Meaning of Rehabilitation

As rehabilitation advances have been made, rehabilitation interest and activity have increased. There has arisen a new awareness of the needs of the handicapped person and a greater understanding of the meaning of work to the life of the individual and to his role in the community. The handicapped person has a growing awareness of his own worth and rightful place as a citizen. The public has been awakened largely through dramatic stories of success of severely disabled persons and may be presently leaning toward too great an expectancy for the workshop program.

It is obvious that much impetus for change has come from forces outside the workshop. It is time for the workshop to assume a stronger leadership role in giving direction to the improvement of its own programs.

PREDOMINANT PATTERNS

Many workshops originally came into being only to provide sheltered employment for the disabled who could not be placed in jobs or re-educated for a new occupation. As the scope of

rehabilitation services broadened, and as rehabilitation began giving greater attention to persons presenting more complex problems, the workshop began to strengthen its program.

The workshop essentially is still a special place in which disabled people, not acceptable or ready for competitive employment but capable of some productivity, enter work activity. That work experience has a dual function of providing short-range employment for some and long-range employment for others.

Existing patterns of workshop programs have several paramount characteristics.

Homogeneous Disability Emphasis

One of the pronounced characteristics of workshops today is their multiplicity. A large number of workshops are part of multiple service organizations, and are geared to serve those with a specific disability such as the cerebral palsied, the epileptic, or the mentally retarded.

Of the 100 segregated workshops for the blind, 56 are affiliated with the National Industries for the Blind. Preferential treatment of the blind has been accorded by legislation.

Other workshops base their programs on combinations of disabilities, such as cardiac disease and tuberculosis, cerebral palsy and mental retardation, or orthopedic disabilities. The chief emphasis, generally, in workshops focused on special disabilities is physical rehabilitation.

Salvage Bureau Dependency

Many workshops still are focused upon moral, social, or spiritual uplift. These missionary efforts rest upon charitable principles for both support and service.

The 120 local units of Goodwill Industries depend largely upon donated articles of used clothing and household articles to furnish work. Many Goodwill programs have introduced specialized services in conjunction with their work program.

The Volunteers of America, operating more than 70 workshops dependent on cast-off materials, concentrates largely on the social and moral rehabilitation of the alcoholic. The Salvation Army also uses the workshop for moral uplift. Discarded articles are renovated to keep persons in need busy in an environment conducive to improve behavior and living.

The St. Vincent de Paul Society workshops and those of the Lutheran Society have programs with charitable characteristics centered upon moral and social rehabilitation.

Production Focus

The production workshop is devoted largely or wholly to the manufacturing of articles under subcontracts from industry or

of articles which the workshop itself develops and markets. Operations are marginal industrial or strictly nonprofit.

The production type of program affords prevocational training; short-term employment as work experience prior to employment, or as recurring interim employment when placement cannot be made or job opportunities do not exist; or long-term employment for the more severely disabled for whom placement in industry has not been possible.

Manual Crafts Basis

Manual crafts have long been a mainstay of some workshops. Handicrafts are used mainly for severely disabled persons who are not capable of maintaining even the minimum production standards of the production workshop. The program of such workshops is sometimes occupational and sometimes diversional. In either case social therapy is stressed.

Individual Adjustment

There are some rehabilitation workshops which are directed toward individual adjustment. They are concerned with providing work experience to handicapped persons who have had unsuccessful placement records. An example is the Vocational Adjustment and Evaluation Center of the Jewish Vocational Service.

Profit Motive

There are some workshops having private ownership. These are small businesses that hire the handicapped, train them for a specific job, give them continuing employment, and pay them for their work. In some cases the profits go to the owner; in others, they are shared by the handicapped workers. Their welfare and rehabilitation is not always a primary consideration. Such industries have been known to continue employing handicapped persons who might be considered employable in normal industrial situations at better wages.

VARIED ORIENTATION OF THE WORKSHOP

Workshops may have a dominant disciplinary orientation, but that orientation does not, and should not, exclude all others.

Charitable

Workshops from early times have had charitable aspects with a leaning toward custodial care. That welfare orientation permeates the workshop today, but it has been more or less submerged. It is more likely to prevail in workshops serving those who need purposeful activities but who are too severely disabled to meet production standards, or in workshops whose purpose is welfare rather than rehabilitation.

Social

Although religious sponsorship has continued for workshops, the emphasis on religion has diminished. Spiritual values are used as an integral part of rehabilitation. The strictly religious aspect has given way to a social orientation stressing moral behavior and adjustment to family and community life.

Some specialized workshops of recent origin are socially oriented for the purpose of providing a period of transitional adjustment from institution or hospital to community. A social orientation is also predominant in those workshops serving the needs of the severely disabled who cannot enter production.

Psychological

Workshops with a psychological and social, more accurately a psycho-social, orientation are found in the service of those who need a period of adjustment between release from the psychiatric hospital and re-entry into the community.

Educational

Educational orientation is not necessarily the primary orientation, but it can be regarded as an important one in connection with others such as vocational. Especially is this true in workshops serving the young adult, the mentally retarded, the intellectually superior but physically disabled adult, and the youth who has visual, auditory, or speech handicaps.

Medical

Orientation to physical medicine remains a strong emphasis in workshops, especially in those which serve a particular disability. Orientation to psychiatry has increased as progress in mental illness has been made and the need has grown.

Vocational

The workshop has long had a vocational orientation in which training and work experience have been directed toward gainful employment.

Work

Relatively recently has the workshop begun to realize the values of work experience for rehabilitation, not for vocational placement alone. Orientation to work also allows concentration upon the vocational pattern, attitudes toward work, and the psychological problems involved in work, regardless of type of disability.

VARIED SETTINGS OF THE WORKSHOP

The workshop does, and should, exist in any organizational setting interested in rehabilitation.

Voluntary Health Organizations

A large number of workshops are either completely independent or affiliated with a federation of similar workshops having a certain measure of local autonomy under a general guiding policy. Ordinarily these workshops serve a specific disability group and are supported by voluntary public subscription. Health organizations are the principal sponsors. A separate physical facility is the usual pattern.

Religious Organizations

Similarly independent or locally autonomous workshops are part of the spiritual, social, and charitable activities of religious organizations. Catholic, Jewish, and Protestant (particularly Methodist and Lutheran) are active in the workshop field. Missionary organizations such as the Volunteers of America and the Salvation Army also maintain workshop services. The workshop may or may not be separated from other organizational facilities and services.

State Controlled Homes, Schools, and Industries

The industrial home and the industrial school are examples of state controlled settings for workshops. The industrial home or school provides training and/or employment in a setting where the handicapped person may live and work under close supervision. The home or school is usually concerned with the blind, deaf, mentally deficient, or emotionally disturbed with anti-social behavior problems. Custodial care is sometimes a feature of the program.

Although there is involvement of the federal government, through legislation for the blind, in industries for the blind, the establishment of government operated factories such as Remploy of the Ministry of Labour in Great Britain, have not found favor in the United States.

Penal Institutions

Reformatories and prisons have workshops with an industrial emphasis, which are engaged in rehabilitation in a broader sense to varying degrees. Physical, educational, and social, along with vocational, services are offered in some institutions.

Private Industry

There has been a limited trial of workshops within private industry. The continued isolation of the handicapped workers from the main production areas has been the main objection to the plan from the viewpoint of rehabilitation. Industry seems to prefer using the workshop as a source of employable persons

to establishing a workshop at considerable expense within the industrial plant. The European practice of compulsory absorption of a proportionate number of handicapped people into industry has not been acceptable here.

Homes of the Severely Handicapped

The home of the disabled person is another setting for work, which may be an extension of workshop programs. The work may be crafts directed to occupational therapy, homebound employment which facilitates transition from home to workshop, or industrial homework for remunerative employment for an indefinite period.

Some homebound programs are served by a teacher-counselor who brings the work opportunity to the handicapped person, devises special equipment required, provides training, and finds a market for the product. Others are organized so that the individual, working at his own pace, has his products ready for collection at regular intervals. The products are then merchandised in a central store or collected by the workshop for delivery to a private firm with which it holds a subcontract.

Hospitals

For the hospital physical medicine and rehabilitation unit, the workshop provides an opportunity for vocational evaluation as physical restoration services approach completion. The workshop in the physical medicine and rehabilitation unit fosters the team concept among the specialists concerned with a case.

In the chronic disease hospital, the workshop provides activities for personal and social satisfaction of persons who are severely disabled and may anticipate long hospitalization without much hope for eventual remunerative employment.

The tuberculosis hospital and the psychiatric hospital are examples of hospitals which have workshops attached to assist patients in adjusting to work and to community life. There are varying degrees of integration with the hospital program of medical treatment. The workshop is sometimes within the hospital, but it is more often detached from it. It takes the form of a village or colony in which the patients work under medical prescription, or it takes the form of a day center or clinic closely coordinated with the hospital program but allowing the person to live at home.

There is also the workshop for post-hospitalized patients. This workshop is concerned with the follow-up phase of persons who have been dismissed from the hospital but who need vocational adjustment to competitive employment. The work environment is separated from the hospital physically, philosophically, and administratively.

Comprehensive Rehabilitation Centers

The workshop is being thought of as a part of or as an adjunct to a comprehensive rehabilitation center.* This sort of setting requires specialization in vocational training and work experience as tools of rehabilitation in an integrated program of comprehensive rehabilitation.

Research and Demonstration Environment

For experimental and demonstration purposes, a planned and controlled environment is established to discover new truths and techniques or to demonstrate principles or practices believed to be usable by workshops for the benefit of the handicapped individuals they serve.

Community Organization

The community setting is an emerging pattern which serves multiple disabilities. Such programs provide directly, or by referral to other community resources, a variety of evaluation and supportive services. Responsibility of the facility is to the social council or the rehabilitation council, both voluntary organizations, of the community. Support is by voluntary public giving, usually through a united fund campaign.

LOCATION OF WORKSHOPS

The physical location of the workshop should be accessible to the people it serves. It should enable the workshop to carry out its intended function. The environment ought to enhance the services offered.

Workshops in an isolated settlement type of environment can serve a particular purpose and a certain disability group. Workshops in urban areas can serve large numbers of persons with different kinds of handicaps. Workshops within hospitals and outside hospitals have different functions to perform in coordination with the hospital program. Workshops which are units within a comprehensive rehabilitation center or adjuncts to it should offer the same quality of service as if they were totally independent.

There is a trend from centralization toward decentralization of workshops geographically. The shift may be attributed to three factors: (1) decentralization of industry, and hence work opportunities; (2) desire to serve rural needs more adequately; and (3) movement toward specialization of functions and integration of rehabilitation resources.

* The headquarters office of The Conference of Rehabilitation Centers rotates. For information address: Henry Redkey, Office of Vocational Rehabilitation, U. S. Department of Health, Education, and Welfare, Washington 25, D. C.

ADMINISTRATION OF WORKSHOPS

Whatever the setting of the workshop, its program should not duplicate services offered in these settings or within the total community setting.

Many patterns of organization are administrable in workshops. There is the plan under which the workshop provides its own professional services; and its opposite, in which the workshop specializes in vocational services and utilizes the professional services of the community.

There is a plan in which the workshop admits only State Division of Vocational Rehabilitation referrals; another, in which it accepts referrals from various local agencies directly or through a central agency; and a third, in which it receives and screens its own applications.

Some workshops are units within hospitals or rehabilitation centers, while others, having separate facilities, are administratively independent though closely coordinated with the parent organization.

Many workshops are locally autonomous but they are affiliated with a state or national organization which determines overall policy.

A decentralized organization in which small, outlying workshops are satellite facilities cooperating with a larger, more completely developed, and centrally located center is being tried in some places.

Mobile units of professional teams have proved to be a workable plan of organization for some rural areas.

SPONSORSHIP OF WORKSHOPS

The sponsorship of a workshop usually determines the extent of services and the type of handicapped persons to be served. An affiliate of a national organization, for example, must operate within the policy of that organization. This ordinarily specifies the type of handicapped person who is eligible for service and the type of services to be made available. An independent, non-profit workshop must operate within the provisions of its state charter with respect to production. A tax-supported workshop must operate within the framework of its legal restrictions for such things as procurement of services.

One common kind of sponsorship is the independent, locally administered workshop. Another is the local, nonprofit workshop having joint sponsorship by several local social and welfare organizations. Still another is the comprehensive rehabilitation center which operates a workshop as a vocational unit or as an adjunct to its other services.

Special hospitals sponsor workshops. Physical medicine, chronic disease, tuberculosis, and psychiatric hospitals are ex-

amples. In some instances the workshop is geared to the hospital program but it is a private agency, either self-supporting or philanthropically endowed.

There are four major types of affiliated chains of workshops. (1) National organizations such as Volunteers of America and the Salvation Army sponsor local workshops similar in function and operation as a part of their broader social and religious program. (2) Such national voluntary associations as United Cerebral Palsy Associations, National Association for the Mentally Retarded, and the National Society for Crippled Children and Adults, which serve the general welfare of disabled people, sponsor and help support workshops operated by local affiliates. (3) National organizations which serve other than disabled people, namely, Jewish Vocational Service, St. Vincent de Paul Society, and Lutheran Society, sponsor workshops under local management of affiliates. Geriatric workshops are sponsored by Jewish and Lutheran homes for the aged. (4) National organizations whose main purpose is the maintenance of local workshops, sponsor a large number of affiliates. Notable in this type of sponsorship is Goodwill Industries of America.

State welfare and rehabilitation agencies sponsor workshops for the blind and home industries for the severely disabled. State departments of welfare administer workshops for the handicapped. State departments of education are responsible in many states for schools, training centers, and workshops for the blind, deaf, and mentally retarded.

An occasional county welfare department administers a workshop. In some urban centers, workshops are municipally operated.

Veterans organizations and the Veterans Administration may be considered sponsors of workshops serving a selective group.

To a limited extent, industry and labor, as well as insurance companies, directly sponsor workshops. Their interest is directed mainly to the reinstatement of the disabled worker.

A variation in the privately owned and operated workshop is that of management by a handicapped person or partnership or by a cooperative arrangement with the handicapped employees.

Community sponsorship of a workshop implies a broad base of both organized and unorganized representation. It implies support by voluntary public giving, appropriations from the budgets of local agencies related to rehabilitation, and/or public support through taxation.

EVOLVING PATTERNS

Complementary types of workshops are emerging more clearly: (1) the short-term and the long-term workshop; (2)

the single disability and multiple disability workshop; (3) the workshop for the young adult and that for the aged; (4) the transitional workshop for the congenitally handicapped and that for the later disabled; (5) the workshop with and that without production emphasis; (6) the workshop offering specialized services and that offering comprehensive services.

The evolving general concept of the workshop appears to be that of a center providing work environment and work experience for evaluative, diagnostic, therapeutic, and employment purposes, and relying upon community rehabilitation resources for other specialized evaluative and supportive services.

The program of such a workshop would offer: (1) prevocational training, (2) vocational evaluation, (3) vocational training, (4) transitional work experience, (5) vocational adjustment, (6) semi-permanent employment, (7) placement, and (8) permanent employment.

The program would be built upon a diversified work structure embracing five major areas: (1) manufacture and marketing of articles developed by the workshop; (2) industrial work such as assembly under subcontracts; (3) reclamation and repair of salvage or custom items; (4) operation of a small business enterprise; (5) business, personal, and maintenance services.

There is a growing emphasis on work as a tool of rehabilitation and upon the need for study and application of job specifications, job descriptions, and job demands.

There is an increasing awareness of the handicapped individual and his specific needs. There is an awakening to the need for evaluative and supportive services. There is recognition of the advantages of selectivity and specialization.

The most clearly defined change appears to be away from patterns of service into which people were fitted toward programs which are sufficiently flexible and diversified to serve the handicapped individual.

It is believed that workshops should avoid leveling their programs to a stereotyped norm and that they should, instead, strive for individuality in their programs suited to the needs of the community.

EXPANSION OF PROGRAMS

New physical plants for workshops should be established only when the needs cannot be served by existing workshops. Factors of environmental and geographical location should be considered along with an analysis of disability statistics in the planning of a new workshop. Consideration should be given to regional planning in order to broaden the base of services and work opportunities to include agricultural and other rural experiences, as well as to avoid expensive duplication of serv-

ices. Methods of financing should be ascertained in advance so that an additional workshop will not mean a curtailment of support and budget for workshops already in existence.

It is advisable to expand present facilities and services before establishing additional workshops. However, the expansion of the physical plant and the workshop program cannot guarantee effective services, for expansion is too often superficial.

Therefore, it is advisable, rather, to spend the rehabilitation dollar on the improvement of the quality of existing services. Demonstration projects could be of value in assisting present workshops with ideas, techniques, and procedures.

EVALUATION OF THE WORKSHOP PROGRAM

Desirable as it may be, the scattered efforts of workshops to examine their programs objectively are not enough. General improvement of programs can come only through the concerted effort of all workshops.

Evaluation, in simple terms, is the determination of the degree to which a program attains its goals. In order to evaluate a program, it is necessary to know two things—where the workshop wants to go and where it is now. The workshop's present status can be compared only with criteria based on its stated objectives and avowed functions.

Although there may be certain objectives common to all workshops, it appears that the specific functions each workshop intends to perform have considerable variation. It is obvious also that programs have wide variation. Therefore, each program must be evaluated in terms of its own functions which translate its objectives into action.

Four basic things, then, are needed for evaluation: (1) clarification of workshop objectives, (2) identification of workshop functions, (3) development of acceptable criteria, and (4) description of workshop program and practices.

Is independent self-evaluation of each workshop, or each affiliation of workshops, sufficient to raise the level of workshops in general? Even though each workshop may fully attain its own objectives by performing its specific functions creditably, workshop services in general may not necessarily be improved. Similarly, within an affiliated group, specific goals may be attained, but they may be limited in scope.

The sights of all workshops need to be raised. Workshops need to become aware of the objectives it is desirable and possible for them to achieve. Workshops need to know the type and quality of services that may be expected to interpret their aims into practice. Criteria for evaluation may not be identical in all workshops, but all workshops should strive toward certain minimum standards.

Continuous self-evaluation of programs by workshop staffs has been tried and found wanting, not only because of the time it consumes but also because of the need for consultation in the interest of improvement. Regular evaluation by a disinterested board of qualified specialists has been tried and found not wholly desirable because of the critical atmosphere of inspection and the subsequent detachment and forcing of changes disrupting to the program and to the morale of the staff.

Periodic self-evaluation within the framework of cooperatively developed standards, would be more palatable to the individual workshop and more beneficial to raising the standards of all workshops. It was suggested that the National Association of Sheltered Workshops and Homebound Programs could provide that guidance.

4. OBJECTIVES AND FUNCTIONS OF THE WORKSHOP

Objectives

The Rehabilitation of the Handicapped Individual

Self-Realization

Human Relations

Civic Responsibility

Economic Sufficiency

Service to the Community

Specific Aims

Functions

Differentiation of Functions

Problems

Staffing

Financing

Functional Classification of Workshops

A primary objective of the workshop is the rehabilitation of the handicapped individual. This maximum approach to normalcy encompasses development of the individual's potential in self-realization, human relations, civic responsibility, and economic sufficiency. The workshop is primarily concerned with economic sufficiency, and its functions are therefore related principally to the provision of work experience. Workshop functions, however, are differentiated by many factors including community need.

4. *Objectives and Functions of the Workshop*

The program of the workshop is a means to an end. What outcomes does the workshop propose to accomplish? What purposes does it intend to achieve? What objectives does it want to attain?

By virtue of the nature of the workshop, certain functions may be expected of it in working toward its objectives. The functions and specific aims of the workshop are differentiated by such factors as setting and community need. What problems does the workshop face in directing its energies to its specific aims which are derived from its overall objectives?

OBJECTIVES

There are at least two overall objectives to which all workshops can subscribe. These objectives need to be clarified for the workshop, the handicapped individual, and the community.

One objective of the workshop is the rehabilitation of the handicapped individual; the other is the service to the community in meeting the needs of its handicapped population.

THE REHABILITATION OF THE HANDICAPPED INDIVIDUAL

The rehabilitation of the handicapped individual means his entry or return, within the bounds of his capacities and limitations, to a useful and satisfying life. This maximum approach to normalcy has four major facets: self-realization, human relations, civic responsibility, and economic sufficiency. It is the last of these, economic sufficiency, with which the workshop is primarily concerned, but the other three are so closely interwoven that they are an inextricable part of the objective of rehabilitation.

Self-Realization

The full potential of the handicapped individual may not be self-sustenance. Whether or not the handicapped person can eventually achieve economic independence, the objective of the workshop is to help him reach the highest possible degree of self-realization.

More specific purposes encompassed in the objective of self-realization are:

- (1) to help the handicapped person reach his ultimate maximum usefulness
- (2) to foster the personality development of the handicapped person
- (3) to assist the handicapped person in accepting and adjusting to his disability

- (4) to aid the handicapped person in the development of satisfying recreational activities
- (5) to encourage the handicapped person to be aware of the spiritual values of daily experiences
- (6) to enable the handicapped person to grow intellectually
- (7) to help the handicapped person establish habits conducive to good mental and physical health
- (8) to encourage the handicapped person to establish habits of good grooming for an improved personal appearance
- (9) to foster enjoyment of and participation in artistic and other creative activities by the handicapped person
- (10) to guide the handicapped person in the formulation of realistic aspirations and plans.

Human Relations

In addition to self-discovery and maturation as an individual, the handicapped person needs to develop as a social being. The rehabilitation objective of the workshop embraces the maximum socialization of the handicapped individual. To prepare the handicapped person for functioning in a broader real life situation, the purposes of the workshop are:

- (1) to nourish harmonious interpersonal relations
- (2) to promote beneficial social relations
- (3) to foster social adjustment
- (4) to encourage positive moral behavior acceptable to the social order
- (5) to assist in the achievement of social independence
- (6) to assist the handicapped individual to become identified with numerous groups such as a peer group, a work group, a recreational group, a church group, a civic group, and a special interest group
- (7) to facilitate basic human experiences such as courtship and marriage
- (8) to help the handicapped individual to attain his proper familial status and responsibilities
- (9) to enable the handicapped individual to become a participating and contributing member of the community
- (10) to accelerate the assimilation of the handicapped person, particularly those of ethnic or national groups, into the culture through re-education on matters of nutrition, dress, language, and customs.

Civic Responsibility

Apart from the social development of the handicapped individual is his growth as a citizen. Although the workshop may not be publicly supported, and therefore committed to perpetuate the political tenets of the state which created it or subsidizes

it, there resides in every institution in a democracy the responsibility for perpetuating and preserving those democratic principles upon which it rests.

Within the rehabilitation objective of the workshop for the handicapped individual the following purposes are inherent:

- (1) to afford the handicapped individual opportunities for democratic participation within the work situation and social activities of which he is a part
- (2) to foster citizenship education
- (3) to create an interest in public affairs
- (4) to help the handicapped individual to secure his rights and privileges as a citizen
- (5) to encourage the handicapped individual to assume insofar as possible his responsibilities and duties as a citizen.

Economic Sufficiency

A primary rehabilitation objective of the workshop is assisting the handicapped individual to achieve maximum vocational and economic independence. In fact, some maintain that economic sufficiency is the sole objective of the workshop.

Those who consider economic sufficiency as a major part, rather than the whole rehabilitation objective of the workshop, maintain that the vocational objective cannot be fully achieved without the interacting support of simultaneous personal, social, and civic development. Those who hold that the vocational objective is the only concern of the workshop do not reject the desirability of the other accompanying objectives. They only contend that objectives other than vocational are outside the province of the workshop.

The explicit purposes embodied in the rehabilitation objective of economic sufficiency are:

- (1) to determine work ability
- (2) to develop work tolerance
 - (a) by work hardening processes
 - (b) by work conditioning processes
- (3) to teach work processes and skills
- (4) to give vocational training with a practical application
- (5) to effect adjustment to work
 - (a) by creating desire to work
 - (b) by offering monetary and other incentives
 - (c) by developing an acceptable work personality
 - (d) by building individual status derived from the dignity of work
 - (e) by promoting the growth of a work discipline within the handicapped individual which will instill good work habits

- (6) to enable the handicapped individual to work
 - (a) through assistance in ambulation
 - (b) through travel training
 - (c) through provision of transportation
 - (d) through gadgets for self-care
 - (e) through specially designed and adapted equipment and tools
- (7) to provide guided opportunities for prevocational exploration and try-out in a simulated work situation
 - (a) for assessing needs
 - (b) for ascertaining particular strengths and weaknesses
 - (c) for establishing a success pattern in work tasks
- (8) to develop employability
 - (a) of the handicapped person able to take advantage of the workshop for work experience leading to competitive employment
 - (b) of the handicapped person who needs continuing sheltered employment
 - (c) of the severely handicapped persons who are home-bound for industrial homework or other remunerative activity
 - (d) of the housewife for releasing an able bodied member of the family from care for employment
- (9) to place the handicapped individual in a selected job
 - (a) with continued counseling and guidance
 - (b) with necessary specialized adaptations
 - (c) with follow-up for adjustment to normal conditions
- (10) to provide gainful employment in a realistic work setting permitting individualized work programs
 - (a) on a transitional basis
 - (b) on a recurring basis
 - (c) on a permanent basis.

SERVICE TO THE COMMUNITY

In focusing upon its objective of rehabilitation of the handicapped individual, the workshop should also recognize the greatest good for the greatest number as its goal. The second objective of the workshop, that of community service, rests upon a foundation of individualized service, but it requires a broad outlook of total and pressing needs. Therefore, the community service objective of the workshop encompasses the following purposes:

- (1) to serve as a vocational rehabilitation resource for other rehabilitation agencies of the community
- (2) to serve as a part of the continuum between therapy and economic independence

- (3) to serve as a vestibule into and out of industry
- (4) to provide controlled and sheltered work experience on a long-range basis for that segment of the population unemployable in competitive private enterprise
- (5) to provide selective work experience for those in the population who may be expected to attain economic independence.

SPECIFIC AIMS

Most workshop programs are directed toward meeting a specific need. Each program must select whom it shall serve and how it can best serve those particular handicapped individuals. It must select its own specific aims within the framework of its rehabilitation and community service objectives. For example, although the matter of placement is a controversial issue, there is no disagreement on the desirability of placement. The dissension lies in the issues of whose responsibility it is and how it shall be accomplished.

While some workshops would like to have placement as a specific aim, they feel that it is a specialized service for which they are not staffed and that it would be unsuccessful without the counseling and guidance that should accompany it. Other workshops feel strongly that the inclusion of placement services in a workshop promotes a tendency to be self-contained and contradicts the teamwork approach in the community. Some workshops believe firmly that placement is the province of other agencies such as the State Employment Service or the State Division of Vocational Rehabilitation. Others employ a staff member whose chief responsibility is placement. Some say placement may be the obligation of the workshop if other placement programs in the community are not adequate.

Thus, although the local workshop may subscribe to the goal of placement implied in the overall rehabilitation objective, the specific aims of that workshop with regard to placement may vary with the community situation as well as with the kind of program the workshop has.

The workshop which serves a special disability group modifies its specific aims for the type of handicapped persons served. Specific aims of workshops differ or cluster in different areas, depending upon such factors as setting or orientation.

No single workshop can be expected to achieve all purposes of workshops in general. Each workshop should select specific aims which it wishes to serve either directly or indirectly—aims which delineate the two major objectives of rehabilitation of the handicapped individual and community service, particularly in the area of economic sufficiency through vocational rehabilitation.

FUNCTIONS

In order to achieve its objectives and to bring about the desired outcomes for handicapped individual and community, the workshop has certain functions which are unique in rehabilitation. All these functions are related to work experience:

- (1) to provide a laboratory for vocational diagnosis and evaluation
- (2) to provide a practical and realistic setting for vocational training and adjustment
- (3) to provide a setting for a sustained focus on the total needs of the individual, especially for motivation, vocational exploration, and try-out
- (4) to provide a controlled environment with a graduated amount of shelter between physical restoration and vocational rehabilitation
- (5) to provide therapeutic work experience
- (6) to provide follow-up services
- (7) to provide gainful employment
- (8) to provide purposeful activities not necessarily remunerative.

All of these functions are not acceptable to all workshops. The diagnostic and evaluative function, especially if it includes other than vocational aspects, is vehemently rejected by some as a legitimate function of the workshop. Some oppose assuming indirect responsibility for evaluation, feeling that it is a separate phase of rehabilitation that should be completed before admission to the workshop. To others, who see the value of continuing evaluation in the work situation, this function is admissible only on the ground that the workshop's facilities and program are used by other agencies for these purposes but that the workshop itself is not responsible for this specialized function. To others, the functions of diagnosis and evaluation, training and adjustment are recognized as being closely related to work experience and as increasingly essential to the workshop program.

Follow-up services and the provision of diversional or socialization activities for those unable to meet production standards are considered too specialized and out of the province of workshops by some. Others concede their desirability but are prevented by the lack of budget and physical facilities from adopting these functions in their local situations.

DIFFERENTIATION OF FUNCTIONS

The overall function of the workshop is the same under all conditions—the provision of work experience with rehabilita-

tion values. However, certain factors are determinants of selection and emphasis on specific functions.

Community needs, resources, leadership, and degree of coordination of rehabilitation services determine the specific functions assumed by the local workshop. The social and economic characteristics of the community are also basic factors. The nature of the handicapped population influences the selection and emphasis of workshop functions.

Workshop functions are too often dependent upon sponsorship or the confines of a long established program. The functional emphasis should be alert and responsive to community needs.

The setting and orientation of the workshop are also determinants of function. For instance, in the mental hospital, the workshop's concerns may be principally socialization and the therapeutic value of work. In the tuberculosis hospital, the emphasis may be on work hardening and work tolerance. In the chronic disease hospital, the functions of the workshop are likely to be those providing a climate for self-realization and the prevention of further physical or mental deterioration. Whereas, in a vocational guidance setting, the workshop's functions would be focused upon laboratory and work situation testing in the provision of simulated and real work experiences.

The workshop becomes significant in the rehabilitation continuum at various points, depending on the handicapped group being served and on the nature of the program needed for their rehabilitation. The functions of workshops serving special needs should be adaptable to the type of specialized emphasis required.

The emphasis of function changes as the needs of the handicapped individual change in the course of his rehabilitation. The function of the workshop varies with the precipitating problem of the individual, such as mental illness, work tolerance, or lack of job skills. The environment (homebound or rural, for example) of the handicapped individual influences the workshop function to be exercised.

Perhaps all the functions a workshop can provide have not yet been found. If both the handicapped individual and the community are to be served, the basic functions of the workshop need to be flexible and dynamically adaptable.

PROBLEMS

The principle of adapting functions to needs presents two major problems—staffing and financing.

Staffing

If the functions of the workshop are to be carried out, the

staff should be selected to fit the program; the program should not be built around the staff. The workshop staff should be oriented to the handicapped individual and to the community rather than centered upon the agency.

Changing patterns of workshop programs require a re-examination of staff structure and responsibilities. A staff which conceives of its function as rehabilitation will need different qualifications from one that sees production as its primary duty. As the workshop functions are defined and the program is integrated with other rehabilitation resources of the community, the need for clarification and demarcation of staff and agency responsibilities is intensified.

There appears to be a reluctance on the part of some workshops to accept and use professional people either directly on the staff or indirectly by referral. The extremely long periods for evaluation or inefficient referral systems which workshops have experienced have contributed to this attitude. Isolated cases of domineering and possessive behavior of personnel providing specialized services can also be blamed for this hesitancy.

Workshop personnel, in general, are ready to admit, nevertheless, that the workshop staff must be adequate in number. They also acknowledge that the direction the workshop seems to be moving will demand professional staffing, either as an integral part of the workshop or in a coordinated community plan. The increased emphasis on evaluation not only necessitates adequate provision for professional services but also points up the advisability of a thorough plan of orientation and communication for the production staff.

Qualifications of workshop staff members merit serious consideration. In addition to being competent and efficient in his own disciplinary sphere, the staff member ought to demonstrate a continuing growth in the broad field of rehabilitation. As a team member he needs to understand group dynamics. The workshop staff member should be familiar with community resources and able to maintain good agency relations in their utilization. Workshop personnel need a high degree of community sensitivity. Research on the particular qualifications, training, and experience suitable for workshop personnel would be valuable.

It has been suggested that internships in rehabilitation counseling and other specialized fields be served in the workshop for the mutual benefit of trainee and workshop staff.

Additional personnel and more highly qualified personnel for workshops would require larger expenditures for salaries and space in the name of rehabilitation.

Financing

The number of handicapped persons in the general population is reported to be increasing. The number of cases found and seeking rehabilitation is growing. The humanitarian concept of the American people is broadening to include additional rehabilitation services. The costs of rehabilitation services are steadily rising at the same time the needs and services are multiplying.

Voluntary agencies are finding difficulty in carrying the full financial load of the workshop. The responsibility for financing the workshop rests primarily on the local community, but heavy demands upon voluntary giving and local tax structures leave workshops inadequately financed and some areas without workshops. Many communities are not sufficiently aware of the need to embark upon long-range community-wide planning.

As a consequence, financing of local workshop programs is usually not only inadequate but also unstable. Until the workshop can find ways to relieve its financial burden, it will be inclined to emphasize production as a self-supporting operation rather than as purposeful work experience. Staffing and specialized services which can associate rehabilitation values with the work experience provided by the workshop are costly. Workshop administrators have expressed a need for further assistance in cost accounting, which is becoming more complicated as rehabilitation services are increasingly emphasized in the workshop.

Should there be a subsidy? (If federal funds are sought, there will surely be stipulations exacting the meeting and raising of standards of workshops.) What are the answers?

FUNCTIONAL CLASSIFICATION OF WORKSHOPS

One of the first steps in developing standards for the improvement of workshops is their classification. Classification would augment the evaluation of workshop programs in terms of their objectives and functions.

Attempts have been made to classify workshops by sponsorship, by objectives, by types of handicapped persons served, and by setting. None has been entirely satisfactory, largely because of overlapping characteristics. The diversity of workshops has long pointed out the need for some systematic form of classification.

It has been proposed that the functional classification of workshops might be the common denominator that would allow for and give meaning to diversity. Tenable classification would be dependent upon the degree workshops can identify and define their functions and upon the clarification of the terminology involved.

Caution has been voiced that classification proceed without an implication of one type being preferable to another. It has also been urged that classification be distinguished from a comparative grading or ranking of workshop programs or of any numerical or letter system of classification that could be so misconstrued.

An organized approach of national scope is necessary for arriving at a satisfactory system of classification. The organized effort of the workshops themselves is fundamental to the acceptance of whatever classification is devised. Numerous participants commented that the National Association of Sheltered Workshops and Homebound Programs should assume leadership in developing an acceptable classification of workshops.

5. THE VALUE OF WORK IN REHABILITATION

Inherent Rehabilitative Values of Work

Relationship of Work to Other Rehabilitation Services

In Evaluation

In Supportive Services

In Therapy

In Vocational Training and Adjustment

In Placement and Employment

Diversification of Work Experience and Opportunity

Sound Business Practices Facilitating Use of Work in
Rehabilitation

Work has values for the handicapped individual in contributing to his status in the society of which he is a part. The planned use of work as a diagnostic or as a therapeutic tool has values for rehabilitation. The directed use of work experience for training and adjustment can contribute much to rehabilitation. The diversification of work experiences and opportunities enhances the potential values of work in rehabilitation.

5. *The Value of Work in Rehabilitation*

It cannot be said that all participants at the Institute were ready to accept a philosophy of the rehabilitative values of work for the workshop, but as a whole the Institute spoke with deep conviction that work can be a dynamic tool of rehabilitation.

Discussants set forth a body of guiding principles, constituting a statement of philosophy, that they believe should underlie workshop operations. The principles that emerged from the Institute discussions underscored the inherent rehabilitative values of work, the relationship of work to other rehabilitation services, the diversification of work experience and opportunities, and sound business practices that facilitate the use of work in rehabilitation.

INHERENT REHABILITATIVE VALUES OF WORK

In our society, status has a partially economic base. The dependent individual is considered to be on a lower social and personal level than the economically independent person. Our culture accords dignity and prestige to productivity and economic independence.

For the handicapped individual, even a moderate degree of productivity may require maximum effort and be his potential achievement. That amount of productivity may be sufficient to change not only society's attitude toward him as a citizen but also his own concept of himself. Personal and social adjustment within the cultural milieu are essential to rehabilitation.

Work affords healthy attitudinal values of self and society which are fundamental to rehabilitation.

RELATIONSHIP OF WORK TO OTHER REHABILITATION SERVICES

Work plays a logical role in the rehabilitation continuum. Numerous planned uses can be made for work in rehabilitation. Work is a valuable tool in evaluation, especially in vocational evaluation. Work is closely associated with supportive services and therapy. Vocational training and adjustment are aided by a realistic work situation. Placement is furthered by work experience.

Planned, controlled, and coordinated use of work is essential for a constant rehabilitation focus.

In Evaluation

If the workshop is concerned with the needs of the handicapped individual, it recognizes that those needs interact and

that rehabilitation services must be multidisciplinary and integrated. Although much specialized diagnosis and evaluation may precede admission to the workshop, continued diagnosis and evaluation are necessitated.

The effect of work upon physical, social, and emotional conditions—and of those conditions upon work—need to be known and evaluated. Compartmentalized diagnoses and evaluations completed under laboratory conditions of specialized nature sometimes differ from those in a real work situation. Break-downs and failures are not always wholly vocational in origin. *Evaluation should continue under the work situation.*

Actual test situations are needed for the final phase of vocational evaluation. Realistic rather than real work situations for testing are advantageous for the handicapped person's rehabilitation. The stimulus gained from other workers may favorably affect test results. He is spared anxiety and failure when test situations are part of the training process.

The production potential of the handicapped individual should be ascertained. Workshop personnel can determine the proficiency of the disabled person by comparing his production with acceptable standards in industry. The handicapped person can also see his production status and improvement.

Observation by a professionally trained staff can uncover misdiagnosed or undiagnosed skills or weaknesses in the work situation that could not be identified under other conditions. A professional observer would also be better able to determine qualitative as well as quantitative growth.

Work in itself is not necessarily rehabilitative. Abilities and skills of the handicapped individual must be matched with the requirements of the job if work is to be beneficial. This requires job analyses, studies of physical demands, and adaptation of processes and equipment, for it is the purposeful utilization of work as a means of changing or modifying the work pattern which makes the work experience rehabilitative.

In Supportive Services

Previous to his entry into the workshop, services for the handicapped person are highly personalized and centered upon the individual. In the workshop there is a group structure and emphasis serving as an intermediate point between dependence and independence. The worker has an opportunity to become gradually oriented to other people and more active in a larger environment. Emphasis moves from psychological to social services.

It is the workshop where the first demands and disciplines are placed upon the worker in contradistinction to the acceptance he has received up to this point. These disciplines prepare

him for those which will be imposed upon him in competitive industry whether in a sheltered situation or outside.

A pleasant work environment conducive to contentment and sociability cannot alone achieve personal and social adjustment. Continuous individual counseling is needed to help the handicapped person. Group counseling can also be helpful in assisting him to utilize services effectively and to adjust to new conditions.

Additional medical and psychological services are sometimes indicated in the simulated work situation. Family counseling is often important in the interest of the handicapped individual. Interpretation to potential employers and to community facilitate the handicapped worker's movement from the workshop into employment and community life.

Numerous supplementary benefits are derived from work: improved interpersonal relations, adaptation to pressures and tension, adjustment to supervision, and satisfaction from purposeful activity.

The work situation permits identification of need for and flexible use of supportive services contributing to rehabilitation. *Work must be an integral part of the supportive services if it is to have rehabilitative value.*

In Therapy

The values of work in therapy cannot be fully realized without a scientific approach.

Job demands must be known if the handicapped individual is to benefit by work. The handicapped person's work tolerance must be known if he is to be fitted to a particular task of known physical demands. Work hardening and work conditioning can be accomplished under a prescription based on the handicapped person's condition. The handicapped person's limitations and potentials—and their changing status—must be known if the selected work is to be beneficial in physical restoration or prevention of deterioration.

It is not only the physical demands but also the emotional stress of a job that must be taken into consideration. The type and degree of motivation suitable for a tuberculosis patient who has been conditioned to rest therapy would differ from the form advisable for a worker ready for placement in competitive industry. The time demands of subcontracts may create anxiety and interfere with therapy in one worker, while in another they may spur his productive level. The dollar incentive may be a powerful motive in one case and negate rehabilitation goals in another. There is a significant difference between workshop supervision which is impersonal and creates a stress situation unknowingly and that which has become less personal and has

created duress purposefully to accustom the worker to realistic work situations.

Work can play an important part in restoring function to damaged muscles. More often than not the worker is more cooperative in muscle re-education through operating a treadle that produces something than in what seems to him aimless exercise.

Therapeutic use of work in rehabilitation involves the adaptation and development of equipment and tools. It also demands the adaptation of work processes to accommodate the handicapped individual.

Often ignored in therapy in the work setting is environmental analysis. Light, color, heat, noise, cold, sudden changes of temperature, frequent adaptation to darkness or brightness, isolation, social surroundings—all are factors which affect the therapeutic values of work. Living conditions may be considered part of the environment. Geographical distance from family or low grade housing can undo some of the values of a good work environment.

In Vocational Training and Adjustment

Vocational training affords opportunity to develop marketable skills as well as physical strength and psycho-social adjustment. Vocational training becomes industrial training because there is actual work experience in which the handicapped person develops an appreciation for quotas and standards of production or performance.

It is important to integrate workshop activities with skilled professional vocational guidance and placement. Vocational counseling is necessary for increasing placeability and employability and in determining the maximum possibilities for each. The meaningfulness of work and its relation to other services is through vocational guidance and objective placement.

Work try-outs, properly chosen, can develop confidence and relieve the fear of failure. Work experience, properly guided, can ease a handicapped person from a sheltered to a competitive situation. Attention to vocational adjustment yields good work habits and attitudes which are corollaries of work.

The real work environment of the workshop contributes to successful vocational training and adjustment.

In Placement and Employment

Work experience can be either valuable or threatening to the handicapped individual. Production emphasis can be a valuable motivation or a detriment to his rehabilitation. A combination of training and work experience can be confusing to the handicapped person if the purposes are not distinguished for him.

Subsistence or subsidy through any source during training or work experience may prove to be either an aid or a deterrent to rehabilitation.

A trial period in a workshop job enables workshop personnel to determine the employability of the handicapped person and his readiness for movement from the workshop to industry. Professional competence is needed for the placement of the handicapped worker in a select situation where the greatest use of his abilities can be made.

The workshop program should be geared to provide each worker, regardless of his handicap, with work experiences designed to forward his progress toward his maximum potential performance. For a number this may mean continued employment under sheltered conditions rather than placement in the community.

Actual work experience under the guidance of workshop personnel brings the handicapped person to a consummate readiness for placement in employment, whether under competitive or continuing sheltered conditions.

DIVERSIFICATION OF WORK EXPERIENCE AND OPPORTUNITY

There should be greater emphasis on diversity of work experience and opportunity in the workshop and in the community.

Presently there is an overemphasis on production, especially on subcontract work. When a workshop is devoted to contract work, vocational training and work experience are necessarily narrow.

The workshop which develops and manufactures its own products increases the training and work opportunities to include buying and selling experiences. Varied products introduce the need for different skills and hence open the way for more diversified training and experience.

In view of the realities of the work opportunities of the community and of the potentials of the handicapped worker, the workshop should direct its efforts toward either or both general and specific training. Thus, the worker may be able, with follow-up assistance, to apply his skills in more than one type of job.

Failure in placement may sometimes be attributed to the lack of diversity in workshop tasks prior to employment. It is well for workshops to utilize every real job in the plant as a training opportunity. Janitorial, maintenance, cafeteria, switchboard, reception desk, etc., are typical posts that can be used for rehabilitative work experience.

Workshops ought seriously to consider enlarging training and work experience in the service trades in keeping with the occu-

pational trends in the culture. Clerical, secretarial, mechanical, electrical, sales, and beauty services are examples. It is difficult to incorporate such training and experience in a single program under one roof, especially if there is already a production emphasis.

One of the relatively unexplored areas for diversification is agriculture. Workshops in the form of ranching and greenhouse operations, for instance, have been successfully established. Much that is being learned about agricultural training and placement on an individual basis may be applicable to an emphasis on agriculture in the workshop.

Each workshop should study its own work opportunities and prepare job descriptions of them in order better to meet individual needs. Concurrently with a study of diversification within the plant, the workshop should study the opportunities for diversified employment in the community. It may be possible in many instances to discover or to create additional work opportunities for handicapped individuals ready for placement.

SOUND BUSINESS PRACTICES FACILITATING USE OF WORK IN REHABILITATION

The operation of a rehabilitation workshop is more costly than the operation of an ordinary business in at least two ways: (1) cost of equipment and (2) cost of supervision. *Workshop production may pay its own way, but it cannot be expected to pay for rehabilitation services.*

Subsidization is necessary for the provision of rehabilitation services by the workshop. Such subsidy would be acceptable in the form of grants from local, state, or federal sources. Local community support is preferable, however.

The management of the workshop must be based on sound business principles. The workshop uses production procedures similar to those of private industry, with demands for quantity and quality, deadlines and deliveries, conservation of materials and efficient methods for cost reduction. The workshop should, like private enterprise, adopt administrative practices that are above reproach from the standpoint of business and ethics. The National Association of Sheltered Workshops and Homebound Programs has previously set forth specific operational guides.*

Rehabilitation through services to the handicapped individual, rather than profit, is the business of the workshop. The workers are largely persons who have achieved such a degree of productivity that they are not a net financial burden on the organi-

* M. Roberta Townsend. *Sheltered Workshops and Homebound Programs: A Handbook on Their Establishment and Standards of Operation.* New York: National Association of Sheltered Workshops and Homebound Programs (c/o National Industries for the Blind, 15 W. 16th St.), 1952.

zation but who are not readily employable in private industry. The workshop attempts to provide the handicapped worker specialized services as needed. Operating under a policy of serving the handicapped worker, the workshop has special problems of work flow and cost accounting not encountered by business governed strictly by the profit motive.

Because the focus is on rehabilitation, the workshop has greater responsibilities to its handicapped workers than does industry. Economic fluctuation has to be faced realistically, but rehabilitation suffers when workers do not receive at least subsistence.

Despite contract obligations of a workshop, production levels, minimum or maximum, should not be set for various handicapping conditions, because individual factors must be recognized in rehabilitation. Contracts can help to fix standards of production, but they cannot be allowed to defeat rehabilitation goals and processes. The workshop should not accept a contract that cannot be fulfilled within the framework of its rehabilitation objectives.

The worker should be paid according to his ability, with the wage based on the community's standard wage. His actual earnings may not be sufficient for a minimum standard of living without subsidization. The manner of paying such subsidy affects rehabilitation. That is, wage subsidies may distort or over-emphasize the worker's perception of his capacities and defeat efforts toward his rehabilitation. In addition, the handicapped worker should have the fringe benefits received by other workers.

Once the worker has been placed in private employment, the workshop's interest, if it is a truly rehabilitation interest, cannot be summarily divorced from that of the handicapped individual. A varying extent of follow-up is required to assist the worker in adjusting to the new situation and in retaining employment. Like other rehabilitation services associated with work, follow-up requires adequate funds and appropriate staffing.

The workshop should operate with an adequate personnel administration—employment, induction, job classification, standard wage administration, health service, personal counseling, etc.—if it is to achieve its rehabilitation aims. A rehabilitation workshop which uses work as a tool needs skilled professional personnel.

Although there should be a gradual shift of responsibility from rehabilitation specialists to production specialists, there should be no dichotomy of the two phases of rehabilitation. A rehabilitation focus on the individual can be augmented by effective communication concerning the case.

The production supervisor or foreman, especially in shops where the production department is not staffed professionally, must be oriented to the rehabilitation aims and understand the work prescription for the worker. Such members of the production staff may need in-service training in human relations, job simplification, job training skills, and developments in rehabilitation techniques.

Easing the cost and schedule pressure on a foreman makes him more amenable to the acceptance of rehabilitation aims and functions. A distinction between training and employment, training equipment and production equipment, helps a foreman understand for what he is held accountable.

Specialists and job instructors should work with the foreman in preparing job descriptions and specifications so that workers may be properly placed. Simplification and reduction of the recording and reporting duties of the foreman with respect to each worker for the professional staff would decrease his apprehensions and resistance. The foreman should enter into the decision and know a reasonable time ahead of the placement of a handicapped person in his production department.

Rehabilitation and production may appear to be in conflict with respect to sound business principles, but they are inseparable complementary emphases in total rehabilitation. *With a basic philosophy of the value of work in rehabilitation, an understanding administration of the workshop can make work and rehabilitation not only compatible but integral.*

6. MUTUAL RESPONSIBILITIES OF THE WORKSHOP AND INDUSTRY

Utilization of the Productive Capacity of the Workshop

Subcontracting

Procurement and Purchasing

Competition

Use of the Rehabilitation Resources of the Workshop

Employable Workers

Rehabilitation Services

Financial Support

Workshop-Industry Relations

Industry looks to the workshop for a supply of employable workers and a source of rehabilitation services. Industry utilizes the productive capacity of the workshop through subcontracting manufacturing processes and through procurement of manufactured articles. A better understanding of the problems of industry and sound business practices would enable the workshop to work more harmoniously with industry.

6. *Mutual Responsibilities of the Workshop and Industry*

The workshop is a social and economic instrument offering a concrete example of society's contribution to welfare in which industry has a definite stake. What are the mutual responsibilities of the workshop and industry regarding the handicapped person? Both are concerned with the vocational training, adjustment, placement, and employment of the handicapped person; the quality of his performance; and the prevention of further disablement in the labor force of which he is a part.

UTILIZATION OF THE PRODUCTIVE CAPACITY OF THE WORKSHOP

Industry has demonstrated its willingness to utilize the productive capacity of the workshop in two ways: subcontracting assembly or other work and procurement and purchasing of merchandise. Both, industry insists, must be conducted on a strictly business arrangement. Members of the workshop staff who contact industry must be able to meet industrial personnel on a business level and to talk in business terms. Looking for sympathetic loopholes will, in the end, sabotage the program. If the workshop wishes to assume the risks involved, it can instead enter prime manufacture on a strictly competitive basis.

Subcontracting

There are several reasons why industry may wish to subcontract certain processes, such as to save space, to try out a new operation, to utilize special skills which are available in the workshop, to farm out "nuisance" jobs, and to speed up production at peak seasons. The workshop recognizes that without proper planning there is danger of lack of continuity in employment based on subcontracts.

Industry looks with favor on subcontract work performed by workshops, providing the work is of satisfactory quality and in line with pricing and delivery of other subcontractors in the area. The workshop, in the opinion of industry, should not look to industry to subsidize employment of people with abilities below minimum for the job.

Industry would look with disfavor upon a workshop which violates the standards set by the Wage and Hour and Public Contracts Divisions of the Department of Labor. Industry assumes that employable handicapped persons are able and willing to carry their share of a job at the prevailing rate.

Industry cautions the workshops concerning the stringent inspection requirements subcontracted jobs must pass, especially

when they are to be delivered to government procurement agencies. Industrial firms, upon request, or through representation on workshop boards of directors, are often willing to assist the workshop in determining the suitability of its plant operations for specific subcontracting jobs.

Procurement and Purchasing

Industry purchases workshop products through normal channels of procurement. It cannot be expected, however, to support substandard operations glossed over by a sympathetic appeal for the handicapped. The workshop's product will have to be useful and needed as well as competitive in quality, service, and price.

Competition

Local business conditions may not always be favorable or receptive to a competitive workshop operation. Nevertheless, competition with private enterprise is not objectionable as long as the workshop complies with basic business ethics and procedures. The workshop should be particularly careful not to use subsidies for rehabilitation as an advantage in competition.

When a workshop endeavors to manufacture and distribute goods, it encounters the problems of investments in raw materials and inventories, in overhead and organization for sales and distribution. If workshops seek opportunity in the open competitive markets, they must be prepared to abide by the rules and risks therein.

USE OF THE REHABILITATION RESOURCES OF THE WORKSHOP

Industry looks to the workshop for a supply of employable workers. It also uses the workshop for rehabilitation services for its own disabled workers.

Employable Workers

Industry hires handicapped people on the same basis it hires any of its employees. The worker is expected to have proper respect for work; to do a day's work for a day's pay; to accept supervision; to cooperate with his fellow employees.

The workshop, to place its handicapped workers in industry, must develop high standards of workmanship in both quality and quantity, instill acceptable work habits and attitudes, and achieve satisfactory social and personal adjustment in prospective employees.

The local workshop should better make itself known as a source of capable workers available to industry. Industry can cooperate with the workshop in its placement procedures. It

has been found occasionally that the policy of a company with respect to hiring handicapped workers is not executed at the hiring level. Personnel practices should be in harmony with the policy stated by management.

While the workshop needs to assure industry of workers with higher and more uniform levels of performance, industry needs to make further efforts toward cooperative selective placement of handicapped workers. The handicapped, when properly placed in jobs for which they are qualified, have proved to be reliable workers with good workmanship, good conduct, and good safety records. Many industries employing large numbers of handicapped people attest to their satisfactory performance. They declare that insistence upon hiring without special favors for the handicapped worker is the key to their successful experience.

While the greatest progress in placing the handicapped in employment has occurred in the larger industrial centers, manufacturing industry provides jobs for only a fraction of the nation's work force. Recognizing this, the National Association of Manufacturers joined with the United States Chamber of Commerce in conducting a nationwide program to help all kinds of employers understand that physically handicapped and older workers can be valuable employees.

Industry is intensely interested in the employment of handicapped people and has a continuing program of education to remove discrimination against hiring handicapped workers. Workmen's Compensation regulations, industrial hospitalization, and pension plans are among factors frequently cited by workshop personnel as limiting industry's acceptance of qualified handicapped workers. A survey of state regulations, however, maintains that they are not real barriers to the employment of qualified handicapped people.*

Industry will continue to regard the workshop as a source of capable employees as long as the workshop assures the handicapped person's readiness for employment under normal competitive conditions. Industry does not feel that it can maintain on its payroll people who do not perform comparably with others on the job. The responsibility of providing training necessary to compete with a normal worker and work experience for the disabled, in the opinion of industry, belongs to the workshop.

* John M. Convery. "Is Workmen's Compensation a Serious Roadblock to Employment of the Handicapped?" (A Memorandum to the Members of the Workmen's Compensation Benefits Subcommittee of the President's Committee on Employment of the Physically Handicapped.) New York: National Association of Manufacturers, Industrial Relations Division, 2 East 48th St., June 4, 1956.

Rehabilitation Services

Taking care of an injured worker, whether the injury occurs on or off the job, is more and more being viewed as the type of consideration essential to good human relations which underlies successful business operation. The team approach to rehabilitation in industry has been one of the most hopeful aspects of the social responsibilities of American businessmen. To have understanding developed among the doctor, the insurance company, the lawyer, the union representative (if the plant is organized), and the employer, all working toward a speedy return of the patient to normal living, is productive of the best results. Sometimes this involves use of company facilities, rehabilitation centers of insurance companies, or local workshop services.

While employees who have become handicapped in service have been traditionally taken care of by the employer, they have sometimes been put in less exacting and less desirable positions. Changed attitudes toward rehabilitation have led to progress in working with physicians, psychiatrists, social workers, rehabilitation agencies, and the family of the handicapped person in restoring him to the utmost of his capacity.

FINANCIAL SUPPORT

Industry has paid a heavy tax load and has contributed liberally to voluntary agencies supporting programs for the handicapped. Some corporations support centers for alcoholics or research centers in hospitals. As a whole, industry is continually assuming additional responsibility for the rehabilitation of handicapped workers. No longer can the employer feel that he has met his responsibilities when he has supplied the customer with good products at fair prices; paid his employees good wages, given them reasonable hours and good working conditions. Recognition of the employee today as an individual filling an important part in the scheme of things is desirable.

WORKSHOP-INDUSTRY RELATIONS

Workshop leaders would like for industrial leaders to consider the establishment of industry-wide workshops, possibly in collaboration with organized labor, to reduce demands on public and private programs. It is thought that such industry sponsored workshops would provide a climate for psychological and social, as well as vocational, adjustment, which the simulated work situation does not have. Industry, however, reacts to this idea as quite unrealistic.

The workshop and industry should proceed on a mutually

helpful basis. Several steps have been suggested on the part of the workshop:

- (1) The workshop must give industry a positive concept of its program and value.
- (2) The workshop should try to understand the effect of technological advances such as automation, which may reduce certain work opportunities and require changes in skill training.
- (3) The workshop ought to understand the legal framework in which industry operates.
- (4) The workshop needs to know certain aspects of management-labor negotiations and contracts.
- (5) The workshop can create a better impression by adhering to ethical and efficient business practices and by a more aggressive placement program.

Progress can be made in workshop-industry relations by the inclusion of active or retired industrial leaders of the community on the workshop's executive board and advisory committee. Thus areas of understanding could be enlarged and areas of misinformation could be corrected.

From the point of view of the employer,* what is being done by industrial management in the field of accident prevention is an important phase of relations with persons interested in rehabilitation. For some time, safety has been a major consideration in manufacturing. The consistent downward trend of industry's accident curve gives testimony to its effective accident prevention work.

Recognizing that the most serious problems lie with the smaller employer, the National Safety Council and industrial associations generally are conducting a campaign to alert employers and employees to the importance of safe work methods and surroundings. These efforts parallel those of the United States Department of Labor. The task is one of intensive and continuing education. The prevention of disablement has decided significance for the workshop.

* John M. Convery. "Rehabilitation from the Employer's Standpoint." (An Address during a Panel Discussion on "Rehabilitation in Compensation Cases" at The Institute for the Crippled and Disabled, New York, New York, January 16, 1952.) New York: Industrial Relations Division, National Association of Manufacturers, 2 East 48th St.

7. MUTUAL RESPONSIBILITIES OF THE WORKSHOP AND LABOR

Expectation of Labor for the Workshop

Labor Related Problems of the Workshop

Unionization of Handicapped Workers

Workshop Financing

Programming for Long-Term Employment

Effects of Fringe Benefits

Effects of Labor Surplus

Cooperative Efforts

Organized labor and the workshop can work together beneficially for the social and economic betterment of the handicapped and the communities in which they live. A major area of mutual concern is legislation in the national interest. Another is the safeguarding of the rights and security of the handicapped individual as a worker.

7. *Mutual Responsibilities of the Workshop and Labor*

Organized labor and the workshop movement can do more than work together amicably. Through recognition of the mutuality of their interests and aims, labor and the workshop can enter into a genuine partnership for the benefit of the handicapped worker. Both are concerned with how to preserve and heighten the dignity and worth of the handicapped worker and give him self-confidence and status in his own eyes and recognition of these attributes by his associates.

EXPECTATION OF LABOR FOR THE WORKSHOP

Major emphasis emerging from the opinions of labor leaders expressed in correspondence addressed to the Institute speaker were:

- (1) That workshops should be primarily directed toward the progressive rehabilitation of persons who become employed with proper rehabilitation and aggressive placement services.
- (2) That workshops could and should pay prevailing wages and even provide modest fringe benefits if the basic purpose is to rehabilitate the handicapped individuals rather than to exploit them and to undercut the market for goods and services in which the workshop functions.
- (3) That existing federal laws and regulations governing wages, hours, and conditions of work were adequate to safeguard labor standards in workshops provided that an adequate system of inspection, education, and enforcement be maintained.
- (4) That, if there is a place in our social structure for workshops in which some disabled people will never become employable in the competitive labor market, then such a program should be so integrated and coordinated with other aspects of rehabilitation that the group of submarginal workers is kept to an absolute minimum by constant exposure to every aspect of rehabilitation service and to a widening range of opportunities for training and employment.
- (5) That private profit or nonprofit business enterprises using exclusively full-time handicapped workers, and competing in the open market for contracts or subcontracts, should not be tax exempt or denied labor organization simply because they employ disabled workers.

- (6) That, if the basic purpose of workshops is rehabilitation, there should be many more such programs in existence and that they should be tied in more closely with other phases of a total community rehabilitation program.

LABOR RELATED PROBLEMS OF THE WORKSHOP

Handicapped workers undergoing rehabilitation in a sheltered workshop are not, strictly speaking, in the same productive capacity as workers in an industrial setting. They need safeguards against exploitation.

Unionization of Handicapped Workers

Local unions throughout the country have made few, if any, provisions for the reinstatement of disabled members in employment. Steps need to be taken, through collective bargaining clauses, to provide equitable re-employment arrangements in line with the employment potential of disabled members. Reports of local situations indicate that seniority clauses have kept on the job some handicapped workers whose performance could have been improved by rehabilitation. On the other hand, the seniority clauses have made, in some instances, placement of handicapped workers difficult. It is believed that negotiations at the local level between management, labor, and workshop placement representatives can clarify individual cases. In examining the situation, it would be well to ask whether worker organizations would advance the welfare of the workers and increase their sense of responsibility. Are the real and imagined obstacles such as to outweigh the benefits?

Workshop Financing

The greater the rehabilitation emphasis of the workshop, the greater the problem of financing becomes. Without subsidization, the workshop finds it impossible to operate "in the black" while adhering to approved practices in wages and hours, bidding and selling. In promoting workshop activities in the local community, it should be emphasized that subsidy is necessary if rehabilitation services and approved practices in wages and hours, bidding and selling are to be maintained. The social service aspects of a workshop are properly of concern to Community Chests and other agencies, and subsidy should not be frowned upon by them.

Programming for Long-Term Employment

Workshops are confronted with two types of persons who need continued, likely permanent, employment under protected conditions: (1) disabled persons who may never be fully restored to a competitive role in the economy, and (2) middle

aged and older disabled persons who are considered too old and too handicapped to work but too young chronologically to retire, or too able physically to qualify for disability retirement, yet not eligible or feasible for rehabilitation.

These two groups of disabled persons could easily become a major portion of the caseload of a sheltered workshop unless: (1) deliberate efforts are made by labor, management, and other interested groups, in developing more opportunities for their rehabilitation and employment; and (2) as experience is gained with disability insurance and rehabilitation, steps are taken to modify disability requirements concurrently with the broadening of eligibility and feasibility requirements for rehabilitation services.

When the workshop assumes a terminal function to meet the needs of these people, it risks taking on the characteristics of the segregated department in industry which has proved unsatisfactory. It also raises the question in the mind of labor as to whether this service is a part of rehabilitation or a genuine employment situation subject to the normal conditions of labor.

Effects of Fringe Benefits

Though generally desirable for handicapped workers, fringe benefits in a rehabilitation setting sometimes make handicapped persons reluctant to leave sheltered employment. The comfortable reliance upon a regular income in addition to limited earnings may forestall the achievement of the rehabilitation aims of the workshop for the handicapped. Fringe benefits for handicapped workers who cannot achieve outside employment and must remain in a workshop setting should be explored to the end that such workers do not become "second class citizens" with respect to the amenities enjoyed by other workers. Numerous workshops have inaugurated fringe benefits. It would be well to know their experience before making pronouncements.

Fringe benefits with which the workshop is likely to be concerned are those such as paid holidays, paid vacations, unemployment benefits covering involuntary layoffs due to shortage of subcontracts or slack periods, social security benefits, and sick leave, compensation, and health and accident insurance. Whatever policies and practices are adopted, they should be formulated in cooperation with the worker and formalized.

The provision of pension or Social Security coverage would, at first glance, seem desirable for the handicapped in a workshop. It would stimulate real employment conditions and provide the same security and benefits offered others. Security has come to be looked upon as a right of every individual. However, there will be instances where such provisions will

jeopardize public assistance or certain other benefits. In such cases, clear understanding between the various agencies concerned should be developed in order not to discourage the handicapped person from leaving the workshop environment for private employment.

Effects of Labor Surplus

As long as labor shortages existed during the war and post-war years, it was easy to endorse the philosophy that society has a responsibility to every human being to provide opportunity for maximum growth and development of his abilities whether or not there is immediate demand for these abilities in the competitive labor market. When the country again faces a labor surplus brought about by a decline in economic conditions, and when it is confronted also with a burgeoning surplus of youth in the labor market, the goal of full employment may easily be lost sight of. This is a matter beyond the scope of the Institute deliberations, but it intimately affects the policies and programs of workshops and other rehabilitation activities. The difficulty in providing work for all persons renders more acute the problems faced by persons who cannot function in private employment.

Management must pursue a major responsibility for employment opportunities and a decision must be reached within the framework of our free economy as to whether or not we are going to carry a high percentage of disabled persons and older workers in dependency status or find job opportunities for them. The decision rests in broad public policy. The impact of this decision will be significant in the future development of workshops. If a positive policy is assumed to be in the national interest, workshops will take on primarily a therapeutic function with the production emphasis serving a rehabilitation need.

COOPERATIVE EFFORTS

A first step in the direction of closer labor-workshop cooperation would be to provide for more adequate and active representation on the executive boards and advisory committees of workshops. Representatives would have to be mutually acceptable to be effective.

Several workshops were cited as having had pleasant and profitable association with local unions for many years. The lasting and beneficial relationship is attributed to periodical consultation and clarification of labor-management practices and problems.

Many misunderstandings between labor and the workshop can be mitigated by a deliberate effort toward mutual understand-

ing. The workshop needs to define, clarify, and interpret its program and objectives to organized labor. Workshop personnel need to know more about management-labor relations. Training and work experience can better be geared to the realities of the community with the assistance of both management and labor. The active interest and support of labor unions can be enlisted on behalf of the workshop through the involvement of interested labor representatives in planning. Participants cited an instance in which, as a result of better understanding of purposes and needs, passive opposition was converted into a workshop built by a labor union.

Labor can be a powerful force in mobilizing support for legislation affecting the workshop. Its representatives sit on an advisory committee which formulates policy in connection with exemptions for the severely handicapped employed in workshops. Labor has not been inflexible in its position regarding the workshop. For labor and workshop leaders to formulate a mutually agreeable policy toward pending or prospective legislation would be a step forward.

The labor movement is primarily concerned with the social and economic betterment of its membership and the community in which they live. For example, labor emphasizes service programs in health. There are more than forty union health centers stressing back-to-work programs for patients with heart, respiratory diseases, arthritis, diabetes, and orthopedic residual deficiencies. The labor movement is vitally interested in any type of program which is designed to rehabilitate people and restore them to a productive status in our society. To the extent that workshops are designed to do this for the severely disabled, they will certainly be supported by the labor movement as an important contribution to its overall objectives and goals.

8. THE GROWTH AND DEVELOPMENT OF WORKSHOPS THROUGH LEGISLATION

Federal Legislation Affecting Workshops

- Vocational Rehabilitation Act Amendments
- Medical Facilities Survey and Construction Act
- Wagner-O'Day Act
- Fair Labor Standards Act
- Walsh-Healey Public Contracts Act
- Wagner-Peyser Act

Pending Legislation Affecting Workshops

- Minimum Wage Provisions
- Federal Surplus Property
- Additional Federal Assistance

Implications for the Workshop

- Wages and Hours
- Preferential Legislation
- Nonprofit Status
- Public Assistance and Social Security
- Independent Living Legislation
- Federal Subsidy
- Standards

Democratic Principles

Federal legislation has had considerable effect on the development of workshops. It is incumbent upon workshop personnel, particularly those responsible for administration, to be thoroughly familiar with federal and state legislation affecting workshops. The greatly increased activity in social and labor legislation is one evidence of the respect for human life and dignity that characterizes American democracy.

8. *The Growth and Development of Workshops Through Legislation*

The legislative branch of the federal government has indicated a real interest in rehabilitation. Certain departments of the executive branch have shown that they consider workshops a significant factor in the rehabilitation of the handicapped. For example, the enlargement of the scope of the responsibilities of the President's Committee on the Employment of the Physically Handicapped is indicative of the concern of the Department of Labor and of the White House for the handicapped. The Office of Vocational Rehabilitation particularly is concerned with the future role of the federal government concerning workshops and with what should be done in the future extension and improvement of the workshop movement.

It is incumbent upon workshop personnel, particularly those responsible for administration, to be thoroughly familiar with federal and state legislation affecting workshops. Likewise, being informed and active concerning pending and proposed bills related generally to rehabilitation and specifically to workshops is an obligation of workshop personnel to meet the needs of handicapped people.

FEDERAL LEGISLATION AFFECTING WORKSHOPS

Vocational Rehabilitation Act Amendments

The Vocational Rehabilitation Amendments of 1954, Public Law 565, 83rd Congress, which superseded Public Law 113, 78th Congress, launched the federal government, for the first time, into grant programs to aid voluntary organizations in rehabilitation to expand and improve services, to conduct research in rehabilitation, and to enlarge workshops and facilities. At the same time, the state-operated vocational rehabilitation programs are receiving increased federal support and encouragement to broaden their work and expand more rapidly.

The Act opened the way for nonprofit voluntary organizations to cooperate with the State-Federal program in the enlargement and development of sheltered workshops. Some state rehabilitation agencies do not, however, have provisions in their state plans for the establishment or expansion of workshops.

The Office of Vocational Rehabilitation administers the following grant programs in support of rehabilitation:

(1) *Basic Support Grants* (Sec. 2) to state vocational rehabilitation agencies to help pay the cost of providing rehabilitation services for disabled persons and the general administration of the state program. These funds can be used for the development of workshops if state law and policy permits.

The basic program of vocational rehabilitation is a joint enterprise of the federal and state governments to provide rehabilitation services to potentially employable disabled adults. Federal grants-in-aid are made to the state agencies, with each state furnishing a share of cost and administering its own operating program under a state plan. To be eligible, a disabled person must: (a) be of or near working age, and (b) have a disabling condition which constitutes a handicap to employment, and (c) have reasonable potential for becoming employed when rehabilitation services are completed. Services and aids furnished include counseling, medical services, prosthetic appliances, job training, placement, and related services.

Among these services are some which may be obtained from workshops. The most frequently used services of workshops are: (a) vocational diagnosis and evaluation, (b) vocational and personal adjustment training, (c) vocational training, and (d) continuing employment.

(2) *Extension and Improvement Grants* (Sec. 3) to state vocational rehabilitation agencies, to help pay the cost of extending services to areas and disability groups not adequately served, and to improve methods of service and program operations. These funds may be applied to the development of workshops in some instances.

Under P. L. 565, a workshop is considered to mean a place where any manufacture or handiwork is carried on, and which is operated for the primary purpose of providing remunerative employment to severely handicapped individuals: (a) as an interim step in the rehabilitation process for those who cannot be readily absorbed in the competitive labor market; or (b) during such time as employment opportunities for them in the competitive labor market do not exist.

Development under Sections 2 and 3 of P. L. 565 may include the expansion, remodeling, or alteration of existing buildings necessary to adapt such buildings to workshop purposes or to increase the employment opportunities in workshops, and the acquisition of initial equipment necessary for new workshops or to increase the employment opportunities in workshops.

Federal financial participation is not available for the initial construction of buildings for workshop purposes. It is also important to note that under Sections 2 and 3 of the Act, the state vocational rehabilitation agency must make expenditures from its own funds for the establishment of workshops in order to receive federal matching funds for this purpose.

(3) *Special Project Grants* (Sec. 4(a)(1)) to both public and voluntary nonprofit organizations to pay part of the cost of research studies and demonstration projects to acquire new knowledge and improved methods in the rehabilitation of the handicapped.

The Vocational Rehabilitation Act also provides in Section 4(a) (1) for grants to states and public and other nonprofit agencies and organizations for research projects and demonstrations. The applications are reviewed by the National Advisory Council on Vocational Rehabilitation which recommends approval of projects which it believes will make valuable contributions to the solution of vocational rehabilitation problems. Although these grants may be made by the federal government directly to nonprofit agencies and organizations, the prior approval of the state vocational rehabilitation agency is necessary if funds are to be used for direct services to handicapped individuals or for establishing facilities or workshops which will render direct vocational rehabilitation services to such individuals.

(4) *Expansion Grants* (Sec. 4(a) (2)) to both public and voluntary nonprofit organizations to pay part of the cost of projects designed to achieve a rapid expansion of rehabilitation facilities, workshops, and services. (Expired June 30, 1957.)

(5) *Training and Traineeship Grants* (Sec. 4(a) (1) and Sec. 7) to teaching institutions to pay part of the cost of: (a) expanding teaching capacities of universities and other institutions in rehabilitation; (b) providing traineeships for students in the several professional fields in rehabilitation in which the most serious shortages exist; and (c) offering short-term and other special courses as needed to improve the capabilities of present rehabilitation personnel.

Medical Facilities Survey and Construction Act

The Medical Facilities Survey and Construction Act of 1954 (Hill-Burton) set up a program of federal aid to states for the establishment of rehabilitation facilities, the services of which must include medical, social, psychological, and vocational. Funds may also be used for surveys of need. A workshop as such cannot be aided under this legislation, but a workshop may be a part of the comprehensive facility to be established. This program is administered by the U. S. Public Health Service on the federal level and by state authorities located most often in the State Department of Public Health.

Wagner-O'Day Act

The federal government has cooperated by the passage of legislation helpful to workshops for the blind. The Act of Congress approved on June 25, 1938, entitled "An Act to Create a Committee on Purchases of Blind-made Products", is the statute under which the workshops furnish articles to the federal government. The members of the Committee are appointed by the President. It now consists of representatives

of the Department of the Navy, Department of the Army, Department of the Air Force, Department of Agriculture, Department of Commerce, Department of Interior, and the General Services Administration. Many blind-made products are carried in stock by the Federal Supply Service, General Services Administration.

The Act of Congress also provides authorization for a "central nonprofit-making agency to facilitate the distribution of orders among the agencies for the blind." This agency was established under the name of National Industries for the Blind, and it provides a means of equitable allocation of orders to the workshops. It also acts as a consultant agency for the exchange of knowledge and information of interest to workshops.

Efforts have been made to have similar preferential legislation extended to government purchases of workshop products from workshops employing severely handicapped other than blind persons. The usual thinking has been that such products would be other than those which could be manufactured by blind persons, thus not affecting opportunities for the blind.

Fair Labor Standards Act

Another role of the federal government in workshops relates to the Fair Labor Standards Act through its Wage and Hour and Public Contracts Divisions of the Department of Labor. That Act provides that an employer shall pay to each employee engaged in interstate commerce or in the production of goods for interstate commerce a specified minimum wage rate.

The Fair Labor Standards Act, as amended, commonly called the Federal Wage and Hour Law, requires that every employee who is engaged in interstate commerce or in the production of goods for interstate commerce, including any closely related process or occupation directly essential to such production, be compensated at an hourly rate of not less than \$1.00 an hour for all hours worked in any work week and time and one-half his regular rate of pay for all hours worked in excess of forty in any work week unless specifically exempt from one or both requirements by some provision of the Act.

Where goods (as defined in the Act) are produced for commerce (as defined in the Act), every employee engaged in production of such goods (including any part or ingredient thereof) is within the general coverage of the Wages and Hours provision of the Act. Goods are produced for commerce if they are produced for trade, commerce, transportation, transmission, or communication among the several states or between any state and any place outside thereof. In effect, if employees engage in the activities which constitute production of goods within the meaning of the Act, and if the employer intends, hopes, expects, or

has reason to believe that such goods will be taken out of the state by a subsequent purchaser, this is sufficient to establish that such employees are engaged in the production of such goods for commerce and are covered by the Act.

The Act provides further, however, that an application may be filed for a special certificate permitting the payment of wages lower than the minimum wage rate to handicapped persons engaged in interstate commerce or in the production of goods for interstate commerce. Under this provision any sheltered workshop may file an application for a special certificate* for its workers or handicapped clients (the term mentioned in the Act). The Administration of the Act considers such factors as the extent of the handicap; wages of nonhandicapped employees in private industry; the cost, value, duration, and types of rehabilitative, medical, educational, therapeutic, and social work services given to handicapped clients.

The Act, under a special certificating procedure, permits workshops to pay wages lower than \$1.00 minimum wage to handicapped clients who because of age or physical or mental disability are unable to earn the \$1.00 minimum wage. A shop may not employ its handicapped workers at less than \$1.00 an hour without first securing a workshop certificate.

A special certificate may be issued for an individual handicapped client of the sheltered workshop, the entire workshop, or any combination thereof. Clients of the workshops shall be paid not less than time and one-half the regular rate for all hours over forty worked in the work week as provided in the Fair Labor Standards Act.

Certificates are ordinarily issued for one year and are renewable. Application for a renewal has to be made one month prior to the expiration date listed on the certificate currently held by the workshop.

The workshop must pay the worker at a wage rate not less than is paid nonhandicapped workers in commercial industry for essentially similar quantity and quality of work. A worker employed at piece rates must receive all he earns. A workshop must keep accurate records of production and hours worked for each handicapped worker. Trainees placed in the workshop by Vocational Rehabilitation Agencies, including Veterans Administration, must be paid wages on the standard specified if engaged in covered work.

Homebound clients engaged in covered work are subject to

* Certificate application forms may be obtained from the Wage and Hour and Public Contracts Divisions of the U. S. Department of Labor, Washington 25, D. C., or from the Regional Offices. Information and advice on application, interpretation, and details of the law may be secured from the Regional Offices.

the Act in the same manner as are clients working in the shop. A workshop certificate issued to a shop covers both its shop workers and homebound workers. Shops operating only homebound programs should apply for a shop certificate in the same manner as other workshops.

State owned and operated shops do not come under the provisions of the Fair Labor Standards Act.

Walsh-Healey Public Contracts Act

The requirements under the Walsh-Healey Act are, in the main, identical with those of the Fair Labor Standards Act with the following exceptions:

The Walsh-Healey Act applies only to government contracts in excess of \$10,000. It applies to private nonprofit and state owned and operated workshops holding government contracts over \$10,000.

The law requires that work on government contracts be performed under safe and sanitary conditions. Compliance with state inspection laws satisfies the requirements of the Walsh-Healey Public Contracts Act.

Prevailing minimum wage determinations are made on an industry basis by the Secretary of Labor. Workshops performing work subject to the Walsh-Healey Act must pay the applicable minimum wage determination until a certificate has been granted permitting a lower wage. In the absence of a minimum wage determination set by the Secretary of Labor for the specific industry covering the product being made, the private nonprofit shop is governed by the minimum wage provision of the Fair Labor Standards Act. The state owned and operated workshop, in the absence of a minimum wage determination under the Walsh-Healey Act, is not subject to a minimum wage.

The Walsh-Healey Public Contracts Act requires time and one-half the regular rate of pay for all hours worked in excess of forty in any work week or in excess of eight in any one day, whichever yields the greater amount to the worker.

A workshop certificate issued under the Fair Labor Standards Act also covers work performed under the Walsh-Healey Public Contracts Act. A shop, subject to the Walsh-Healey Act but exempt from the Fair Labor Standards Act, may secure a workshop certificate in the same manner as under the Fair Labor Standards Act.

The Small Business Administration of the federal government has demonstrated interest in helping workshops obtain government and industrial subcontracts. With the cooperation of the Office of Vocational Rehabilitation of the Department of Health, Education, and Welfare and the Department of Labor, lists have been supplied to the field offices of the Small Business

Administration to encourage workshop bidding on contracts. There is some doubt, however, whether on this basis of competitive bidding there can be much success in getting contracts for the workshops in general.

Wagner-Peyser Act

Recent revisions of the Wagner-Peyser Act were designed to strengthen relationships between state employment services and vocational rehabilitation agencies in requiring that special personnel be assigned the responsibility in employment service offices to work with the handicapped in employment placement efforts.

PENDING LEGISLATION AFFECTING WORKSHOPS

Minimum Wage Provisions

The Advisory Committee on Sheltered Workshops to the Wage and Hour and Public Contracts Divisions is devoting increasing attention to the relationship between wage and hour requirements and the rehabilitation potential. A special subcommittee is now studying the question of possible exception of nonprofit workshops for the handicapped from minimum wage provisions of the law, a subject in which there is great interest among workshop and rehabilitation personnel.

Federal Surplus Property

Another area of federal government activity which has great potential value for workshops is the government program of donation of surplus real and personal property. At the present time, under the Federal Property and Administrative Service Act of 1949, sheltered workshops are not eligible for this type of assistance. H. R. 5448, introduced in the First Session of the 85th Congress, would amend that Act to bring workshops within the eligibility provisions.

Additional Federal Assistance

S.R. 3551 and its companion measure H.R. 10608 contain a title which would set up a grant-in-aid program to assist states in establishing workshops and other rehabilitation facilities. Funds would be apportioned to the states on a population basis. Grants would be made directly to applicants by the Office of Vocational Rehabilitation, U. S. Department of Health, Education, and Welfare, but would have to be submitted through and be approved by the appropriate state agency. Funds could be used for new construction and for staffing for a limited period. The measure does not include continuing maintenance. The same bill has provisions for comprehensive evaluation and referral to "independent living" rehabilitation programs.

IMPLICATION FOR THE WORKSHOP

Random ideas expressed at the Institute point out some of the implications of legislation which participants perceive for workshops.

Wages and Hours

Exemption from the minimum wages and hours regulations should be discouraged to avoid further exploitation of handicapped workers and unethical underbidding.

Certification should not be used as a shield for low pay rates.

All workshops should protect themselves by certification in the event there is unwitting engagement in interstate commerce.

Preferential Legislation

Consideration should be given to preferential legislation benefiting special disability groups other than the blind.

Federal legislation giving workshops priority in bidding for government contracts would not solve the problems of obtaining contracts. (The National Industries for the Blind, in view of its experience, encourages its member agencies to maintain fifty percent civilian business.)

There is need, under income tax regulations, to liberalize the exempt earnings for handicapped persons utilizing the rehabilitation services of the workshop.

Nonprofit Status

The workshop's status as a benevolent agency not established for profit is of concern to the Internal Revenue Service.

The rehabilitation costs of the workshop must be reflected in its system of cost accounting.

It is advisable to assist existing workshops in the improvement and extension of their services before new workshops are established.

Workshops should not claim the exemption covering charitable agencies in the payment of unemployment compensation.

Public Assistance and Social Security

The inequities of public assistance may affect motivation of the handicapped worker.

The use of workshop employment to supplement old age insurance is questionable.

The use of welfare funds to subsidize earnings of handicapped persons in the workshop program must be weighed with respect to its effect upon motivation in rehabilitation.

A closer relationship between the welfare department and the workshop is desirable, especially for maintenance during training and intermittent periods of unemployment.

The paradox created by the lack of synchronization of provisions for rehabilitation with those of disability and old age requires examination and clarification. (Hearings are now underway in the matter of Old Age and Survivors Insurance. As these provisions stand, the workshop's principal concern is the disability freeze which affects some of its clients.)

Independent Living Legislation

Expansion of the rehabilitation concept would provide for rehabilitation in its broadest sense and extend services to handicapped individuals whose goal is self-care rather than self-sufficiency.

Self-dependency legislation would open the doors of rehabilitation to the chronically ill and the aged and put vocational rehabilitation in its proper perspective.

This bill, by adding a category of independent living rehabilitation, would increase the number of handicapped persons to be served, thereby raising the costs of rehabilitation.

This bill would allow for rehabilitation services of a large number of persons for whom placement will be impossible, and terminal employment of low production levels will be needed, thereby decreasing the production emphasis of the workshop.

To serve handicapped persons for whom vocational training would not be feasible, an increased proportion of rehabilitation funds would be used for medical and other supportive services.

Federal Subsidy

There are mixed feelings among administrators in vocational rehabilitation about the advisability of de-emphasizing vocational rehabilitation through which the welfare flavor of this field would still be further extended and subjected to legislative resistance in obtaining more funds for welfare services. Even with the positiveness of the vocational emphasis, it has been difficult in some states to take advantage of federal matching funds already available. There is also the feeling on the part of administrators and workers in public assistance that legislation broadening and extending the powers of rehabilitation administration will tend to gradually cause the shifting of controls in the welfare field into the rehabilitation administrative structure.

Federal aid could be given in the form of direct grants for operation, funds for buildings and equipment, fees for services purchased, grants for research and demonstration, grants for expansion and improvement, and fees for consultation services.

Federal financing must eventually be matched by the state and continued by the local community.

Private financing is consonant with the democratic tradition,

but public financing on a national scale has entered the pattern of social welfare legislation. Although many are not ready to endorse the principle of federal subsidy, the principle has already been established for many programs.

Government support inevitably means government control of the enabling appropriations.

Standards

Government subsidization may be expected to require a set of standards for programs receiving aid.

Workshops will need to conduct surveys and studies to develop appropriate criteria for evaluation.

Workshops will have to evaluate their programs and improve them to meet standards for receiving government funds.

Workshops will have to maintain these standards through a continuing plan of evaluation and accreditation by their own professional organization in order to continue to receive government monies.

If workshops do not meet the challenge, the government will be justified in entering the field in other ways than financial support, such as in establishing new workshops and in direct operation of them.

DEMOCRATIC PRINCIPLES

Current social and labor legislation is an expression of the democratic concern for the individual that distinguishes our nation. The individual's problems and rights are not to be lost sight of in those of the masses. Neither are they to be submerged in those of the state.

Democratic principles are, in essence, humanitarian. Therefore, as understanding and vision grow, and as the national economy permits, the concept of the greatest good for the greatest number expands without losing the focus on the rights and privileges of the individual.

The greatly increased activity in the field of legislation is one important evidence of the respect for human life and the dignity of the individual which is basic to the American way of life.

9. THE PLACE OF THE WORKSHOP IN THE COMMUNITY

Interdependence of Workshop and Community

Coordination of Rehabilitation Resources

Through Research and Demonstration

Through Team Work in Case Management

Through Community Planning

Through Community Education

Through Community Relations

The Workshop Movement

The workshop is one of many community resources for the rehabilitation of the handicapped individual. It should be utilized at the point in rehabilitation at which its specialized services are needed. The workshop can no longer remain an isolated and independent unit. It must establish itself as one of the coordinated rehabilitation resources of the community.

9. *The Place of the Workshop in the Community*

Much can be done in a concerted effort on a national scale to present a united front toward the improvement of the workshop. Through a common philosophy and guiding principles, clearly defined overall objectives and functions, and a planned approach in public and interagency relations, workshops can gain strength and momentum to move forward and upward. But the real work—the hard work—the constant work—of enabling the workshop to assume its important role in rehabilitation is at the community level. There are policies formulated and programs designed to meet the needs of the community. There must the workshop cope with its day-to-day problems.

INTERDEPENDENCE OF WORKSHOP AND COMMUNITY

If the needs of the handicapped individual and the handicapped population are the focus in rehabilitation, a community approach to this grave social problem is essential. The workshop must find and maintain its place in the rehabilitation resources of the community. The workshop must act constructively and rise to the challenge of community needs.

The community should assess its rehabilitation needs and resources in terms of the culture's social and economic philosophy and moral standards. The workshop can cooperate, by taking the leadership if necessary, in ascertaining the extent and nature of the handicapped population and the breadth and adequacy of existing rehabilitation services. Continuing community evaluation is fundamental to a sound program of rehabilitation. The workshop should cooperate or be ready to assume responsibility of the focal point of rehabilitation, particularly vocational rehabilitation, as the local situation demands.

As the community understands its problems more fully, and as those problems change, the workshop should be responsive to the changing needs of the local situation. The workshop should not only adjust its own program but also mobilize community support to meet the rehabilitation needs of the people.

The sustained interest of the community and the workshop can be best maintained by an organized coordinating structure. Within such a coordinated approach to rehabilitation, the workshop bears a share of the responsibility for community planning, education, and relations. Especially it cannot neglect its duty to stimulate creative thinking to accept the handicapped as workers and to increase employment opportunities for them.

A beginning can be made by developing a closer working relationship with vocational guidance and placement agencies.

While the workshop is dependent largely upon the community for financial support, the community is reliant upon the workshop for the efficient use of the rehabilitation funds with which it is entrusted.

COORDINATION OF REHABILITATION RESOURCES

Comprehensive rehabilitation of the individual, and of as many of the handicapped population as can be reached, is the ideal to be kept in the forefront. Superficial cooperation among community rehabilitation agencies cannot accomplish the task. It will take harmonious functioning designed to achieve these rehabilitation purposes. Cooperation, of course, can lead to coordination; and coordination, in turn, to integration of rehabilitation services.

Predominant problems in coordination appear to be (1) lack of objectivity among rehabilitation agencies, (2) vested interests of established facilities, and (3) misconception or lack of concept of the use of supplementary resources of other agencies. One of the first steps toward coordination and the reduction of these problems is a formal statement of each agency's functions and policies and a delineation of its program of services. Only then can there be intelligent community-wide planning and action in which all agencies work together in equal rank.

There are numerous avenues by which to approach community coordination of rehabilitation resources. Five of these approaches are: (1) through research and demonstration, (2) through team work in case management, (3) through community planning, (4) through community education, and (5) through community relations.

Through Research and Demonstration

The coordination of workshop facilities with other rehabilitation resources depends upon a working knowledge of community needs, rehabilitation resources, labor market, trade area, sources of wealth, tax structure, habits of giving to charitable causes, pattern of voluntary organization, attitudes toward the handicapped and social responsibility, etc.

Three examples of research and demonstration, sponsored by the Office of Vocational Rehabilitation, merit consideration by workshop leaders interested in coordination of rehabilitation resources: (1) a study of existing programs and facilities of a metropolitan area for rehabilitation of the handicapped, to assess present and future needs and evolve a balanced program of rehabilitation in which various disciplines and agencies can work

together to provide continuity of total care for the handicapped; (2) central referral plan for social agencies; and (3) a demonstration workshop program in which the community will have an active role in the workshop's formation and operation and in which a community education program will fix the primary responsibility for the employment of the disabled, the aged, and welfare recipients upon the community.

Through Team Work in Case Management

Workshops, as well as other agencies concerned with rehabilitation, frequently wish that intake data would be comprehensive so that medical, psychological, social, educational, and vocational data would be completely available to all professional workers interested in a case. Professional personnel also look forward to the day when data forms will be uniform and consequently more easily filled out and interpreted. Agencies hope too for duplicate records which would expedite referrals and reduce duplication of interviews.

No one would be more pleased than the handicapped person to eliminate the frustrating experience of referral after referral during a long period of diagnosis and evaluation. Despite there being some merit in the argument that going from one agency to another for proper referral and evaluation is a normal stress to which the handicapped individual is subjected, it is obvious that physical and economic conditions work a hardship or prevent seeking rehabilitation for some. Even in well integrated services not administered under one roof, the handicapped person often becomes discouraged, does not complete his appointments, and subsequently becomes lost to rehabilitation.

A focal mechanism is needed for collecting, combining, and coordinating information concerning each handicapped person applying for and receiving rehabilitation services in a community. This central agency would be responsible for registration, evaluation, and referral. The type of central service can best be determined by the local community.

A measure of success has been seen in the team approach, any professional member being pivotal. There are many who think of the rehabilitation counselor as being in the most advantageous position for coordination. On the same pattern, coordination can be achieved on a larger scale among agencies.

The leadership function in coordination of rehabilitation resources remains fluid and awaits initiative and the results of experimentation. It has been suggested that any agency related to rehabilitation services might assume the responsibility for coordination. Named as the most probable to offer effective leadership toward coordination were the State Division of Vocational Rehabilitation, the public welfare agency, and the public

health department. There was considerable reluctance on the part of workshops to assume leadership in coordination.

A number of Institute participants supported each of the following positions regarding responsibility for coordination: (1) The agency having identification with services for meeting the greatest area of client needs should become the coordinating agency for bringing team work services to the handicapped individual. (2) In the teamwork approach, the coordinating responsibility may relate to the agency providing at that moment the service emphasis for the handicapped person. (3) The coordination of services devolves upon the agency having the major service responsibility but allows the coordinating responsibility to rotate as the emphasis in meeting the individual's needs changes. (4) The agency with residual rehabilitation responsibility for the overall planning of the rehabilitation program for the handicapped individual must stay in the coordinating role. (5) The initial contact agency should have primary responsibility for the handicapped person. All of these plans are geared to the handicapped individual and would create a complex procedure in which it would be difficult to place or trace responsibility in the reality of large case loads.

A permanent and well organized central agency looks the most promising at the present time. Whether the agency should confine its activities to registration and referral or should include diagnostic and evaluation services will depend upon the results of experimentation and local circumstances.

Through Community Planning

An organized approach is essential for coordination that takes into consideration the factors involved in community relations as well as effective services for the handicapped individual. In addition to restricted local planning, there is need for state and regional planning to furnish guidance in extending the scope of rehabilitation services without duplication.

A rehabilitation council as an independent organization or as a part of an overall social or health council was proposed as a continuing mechanism for community planning. Some would have the council representative of the agencies concerned with rehabilitation. Others would insist upon a council composed of lay and professional leaders not necessarily associated with rehabilitation or related health and welfare agencies. Industry and labor were specifically mentioned as community elements to be included. Under either plan, it was agreed that all community rehabilitation agencies should be involved in planning.

In the minds of some, the council should be responsible only for planning. Sound planning was believed by many to rest upon a foundation of research, demonstration, and evaluation.

There was a difference of opinion as to whether a separate study group or the council itself should conduct the surveys and other studies needed in the community. Vested interests and lack of research skills were cited as factors which would make studies by a representative council vulnerable. It was granted, however, that certain types of surveys of immediate value in community planning could be undertaken creditably by the council and that many councils claimed professional leadership qualifying them for research.

The same question arose as to whether the planning council's activities should include action upon its recommendations. Perhaps the composition of the council, its experience, and its degree of cohesiveness should be the determinants. In a voluntary planning organization, agencies can hardly be bound to act upon recommendations against their will; but planning should provide for involvement and education that would build positive attitudes favoring action upon recommendations.

The function of the planning council was conceived principally as: (1) determining the needs of the community for rehabilitation and the adequacy of the resources which can be drawn upon; (2) formulating a plan for maximum use of existing rehabilitation resources and for the extension of services to the handicapped without expensive duplication; and (3) safeguarding community rehabilitation resources by community education and community support.

The workshop can form the nucleus of a planning council by holding interagency staff meetings or forming joint advisory committees of professional and lay personnel. The workshop can establish a cooperative pattern by tapping professional and agency resources. An employer panel to which the workshop presents qualified workers is another way to start. Cooperation among workshops for evaluation, community education, services, and solicitation of contracts might be an opening wedge. The several small workshops in a community might be combined as a beginning. Serving all disability groups in an integrated community workshop would be a demonstration of the value of coordination. Since workshops have a more direct role in vocational rehabilitation, particularly of a transitional nature, they could well concentrate on this area of planning as a beginning in community planning.

Through Community Education

In every community there are numerous publics. The component parts of the mass of citizens are people having special fields of interest such as professional, management, labor, religious, or civic groups. Within these broad segments of the population are organized groups such as the medical societies,

the education associations, the service clubs, and the fraternal orders. There are groups of long standing and groups formed for temporary purposes.

All of these segments of the community's population view rehabilitation and the workshop in terms of their respective backgrounds and interests. Far too many people are uninformed or misinformed about rehabilitation and the workshop. A portion of the population is often neglected in community education—that number who are not members of organizations.

There is keen competition for the attention and interest of people of the community. In health alone, many organizations vie for the eyes and ears (and purse) of the people. Often the "education" of the community by an organization is in reality a biased and persuasive propagandistic message. Vested approaches to community education for rehabilitation, each interpreting and promoting its own program, work against coordination.

Rehabilitation in general and the workshop in particular ought to incorporate community education in their programs. A joint effort would be likely to be more effective than sporadic efforts. A continuous program of education would be more effective than a spasmodic one.

Part of the content should be informational and addressed to the lay public. Factual summaries, professional statements, and research reports in popular language should be part of the program of community education. Emotional appeals should not be overdramatic and mislead the public to expect too much of rehabilitation and the workshop.

What is needed very much in a program of community education is a wholeness of understanding of rehabilitation needs and resources, aims and accomplishments. The planning council or other organized group could be instrumental in conducting a sustained program of community education that would present a complete picture rather than fragments to the public.

The workshop, either alone or as a segment of the organized rehabilitation resources approach to community education, has a special contribution to make:

- (1) It can make a special effort to gain the understanding of labor leaders, personnel managers, insurance companies, medical groups, and churches.
- (2) It can give special attention to working with public and private schools in case finding, in bridging the gap of young adulthood, and in developing concepts of and attitudes toward the continuity of rehabilitation.
- (3) It can exert leadership in arriving at an understanding with industrial and business heads of the meaning and acceptable standards of employability.

- (4) It can broaden the understanding of civic and other lay groups with respect to the objectives and operations of the workshop.
- (5) It can help professional workers to comprehend the functions of the workshop and orient counselors, nurses, social workers, occupational therapists, physical therapists, psychologists, and medical doctors to the rehabilitative values of work.
- (6) It can teach the community how to use the workshop, how to recognize its problems.
- (7) It can help the community to facilitate broader goals for the handicapped beyond that of work.
- (8) It can promote the idea that the workshop is not meant to relieve the community of its responsibility to the handicapped.
- (9) It can direct the community's attention to prevention of disablement as well as to rehabilitation.
- (10) It can develop awareness of rehabilitation needs and resources and of community responsibility for meeting those needs and coordinating those resources.

Community education is a slow process, but it can eventually develop attitudes and action among professional and lay people as individuals and among rehabilitation agencies and community organizations that will be beneficial to the workshop, to rehabilitation, and to their objectives of service to the handicapped.

The workshop is at a disadvantage financially for using media of communication available to nationally organized movements with large budgets for public education. However, at the local level where the workshop operates, simple and direct person-to-person approaches such as speeches and directed tours can be effective in community education.

Before it can effectively engage in a program of community education, the workshop must define its own objectives, functions, policies, and program and become fully informed about other local rehabilitation resources.

Through Community Relations

Workshop-community relations are built largely in the course of working together on research and demonstration, in team work and central referral, in joint planning, and in community education. There are three phases of community relations which may, in part, by reason of emphasis, fall outside those areas: (a) administrative board and advisory committee membership, (b) publicity with an emotional appeal, and (c) effective service to the handicapped individual.

- (1) Better administrative board structure would be helpful

to workshops in community relations. Representation on the board should be from industry, labor, commerce, public relations, finance, religion, education, medicine, and other community interests. There should not be a preponderance of any special interest in representation. A limited term of office and a rotation of membership which assure continuity but prevent stagnancy is advisable.

The board members should be working members, not figure-heads or names to lend prestige. Stature in the community does not guarantee effective leadership in rehabilitation. Members should be selected for their interest and capacity to serve. They should be willing and able to give time, thought, and effort to the workshop.

Constructive use should be made of board members. The board ought to be responsible for policy making, not operation, and for constant evaluation of that policy in terms of the changing needs of the community. The board, as individuals, can bring the community into policy formulation. Members can interpret the workshop program to the community through their other affiliations. Care should be taken to orient the board to the rehabilitative aims of the workshop. Members need to be thoroughly informed and to understand the workshop's function in the total rehabilitation resources of the community.

Representation of other community organizations on the board or on an advisory committee of the workshop may be desirable for interagency relations and coordination. Interlocking directorates can be effective as a means of community education and relations.

(2) An intellectual approach does not always reach the community. Sometimes an emotional appeal is needed to awaken the conscience of the community. If the appeal to the heart of the community is used judiciously, it has a legitimate place in community relations. The danger lies in misleading the public by overdramatization, in using publicity techniques without sufficient knowledge of their probable impact, and in overuse of publicity for fund raising campaigns.

Involving people in active participation is the best kind of publicity for the workshop. When people assist in surveys and evaluations, work as volunteers, or contribute thought and effort as well as funds, they and others become conscious of the community's rehabilitation needs and are motivated to further the workshop's services for the handicapped. When people are active and feel that they are contributing to the achievement of worthy goals, they perceive the workshop as a real part of the community.

(3) The day-to-day operation of the workshop probably has

more impact upon community relations than is ordinarily recognized. The staff relations within the workshop and the relations between the executive board and the administration are indices of the tone of community relations that might be expected of the workshop.

Interagency relations are an aspect of community relations.* If the workshop's functions are clearly outlined and understood by its staff, there is likelihood that the agency will serve within its limitations and make its services available to other community agencies. A considerable proportion of professional staff time can be profitably spent upon clarifying the concept of the workshop for other rehabilitation agencies and lay groups. Time should also be spent by the staff on broad social, welfare, and health problems that are the context in which rehabilitation agencies function. The workshop ought to maintain a cooperative rather than a competitive position in fund drives and other joint enterprises.

The workshop must avoid isolation and enter into the life of the community. Special efforts in developing understanding among general practitioners in medicine, industrial physicians, insurance carriers, or other key groups may be advisable in order to do effective work and win support for coordinated services. The power structure of the community should be kept in mind. The workshop staff should participate freely in various community groups where personal contacts may be helpful to the workshop and a coordinated program of rehabilitation in the community.

Relations with industry and labor are important for the workshop. Thorough training and readiness for employment of handicapped workers is the keystone of workshop-industry relations. Ethical business practices and high standards of production help to establish good relations with industry. Fair policies governing wages, hours, and worker benefits win the respect of organized labor. The judicious use of labor and industry specialists for consultation concerning safety and industrial engineering can help to maintain good relations.

Consumer relations are important for the workshop. The quality of the product or service should be of such excellence that there is no reliance on sympathy buying.

Most fundamental to workshop-community relations are workshop relations with the handicapped individual and his family. A satisfied client becomes an instrument of good community relations.

* For information concerning community organization and planning, write to: Community Chests and Councils of America, 345 East 46th Street, New York 17, New York.

THE WORKSHOP MOVEMENT

The workshop is and should remain a grass roots rehabilitation agency. It should rise out of community needs and be responsive to them.

Although the local workshop must be largely self-reliant in developing its program and coordinating it with the programs of other rehabilitation agencies, workshops can find strength and practical help in their own organization. Their search for suitable techniques of community coordination, for example, can be augmented by surveys and conferences which afford an exchange of information, experience, and ideas. Local meetings orienting rehabilitation personnel and lay citizens of the community to workshop and larger rehabilitation goals are beneficial, but conferences on a larger scale would broaden perspective and be more inspiring. Nationwide efforts of the organized workshop movement in public relations would be likely to stimulate favorable workshop-community relations.

10. THE EMERGING REHABILITATIVE ROLE OF THE WORKSHOP

Implications for Policy and Practice

Principal Problems Affecting Desirable Change

Areas of Clarification at the Institute

Modification of Concepts at the Institute

Impact of the Institute on Philosophy and Principles

Implementation in Policy and Practice

If there is a singular role for workshops, it is the planned and purposeful use of work in the comprehensive rehabilitation of the handicapped individual. The functional role of the workshop is differentiated by socio-economic and other factors. The role of the workshop should be dynamic and responsive to the challenge of changing community needs. The workshop faces many problems in translating this rehabilitative role into policy and practice .

10. *The Emerging Rehabilitative Role of the Workshop*

Regardless of sponsorship or pattern of program, there appears to be a common ground upon which workshops can stand as their role in rehabilitation more clearly emerges:

Workshops are an integral part of man's effort and right to earn a living. They are a part of man's desire to become a contributing member of society. They are a part of man's drive to achieve and compete. They may serve as a vestibule to training for placement in industry or work opportunity for those unable to meet the demands of fully competitive employment.

Workshops are at once a comprehensive service and a business enterprise. They are instrumentalities through which severely disabled persons wishing for and capable of gainful employment may assume a wholly or partially independent economic status. They are democratic media which serve to lift handicapped persons from a dependent minority to participating citizenship.

The emerging role of the workshop appears to be that of a center providing work environment and work experience for evaluative, diagnostic, therapeutic, and employment purposes, and relying upon community rehabilitation resources for other specialized evaluative and supportive services. If there is a singular role for workshops generically, it is the rehabilitative use of work in the total rehabilitation of the handicapped. That role, the provision of work as a tool or technique in rehabilitation, embraces creation of work potential, personal evaluation and development, and development of placement potential and employability.

The role of the workshop is differentiated by community needs, sponsorship and its established policy, disciplinary orientation, administrative and physical setting, geographical location, sociological matrix, economic conditions, legal status, and other factors.

Because the workshop can most appropriately serve the needs of the handicapped individual at a particular point on the rehabilitation continuum, and because the workshop can best serve community's rehabilitation needs in the specialized area of work experience, the workshop can no longer remain as an isolated, self-contained unit. It must establish itself as one of the coordinated rehabilitation resources of the community.

The role of the workshop is dynamic. The workshop must be responsive to the rehabilitation needs of the nation as well as to those of the local community. Services should be expanded

to serve groups such as the homebound and those with multiple disabilities. Facilities and programs should be established to serve rural and sparsely settled areas. Most fundamental is the improvement of the quality of workshop services. The workshop itself must be at the cutting edge of change and progress.

To perform its maximum potential role, each workshop needs to define its specific aims and functions, coordinate its services with other rehabilitation resources, and, with other workshops in an organized movement, take constructive action toward improvement.

IMPLICATIONS FOR POLICY AND PRACTICE

If the workshop is to provide work-associated services which are genuinely rehabilitative, it will need to re-examine its program and integrate its vocational services with other services. Additional and more professional staff members may be required. Workshop managers and others concerned with industrial production are likely to require further orientation to the use of work in rehabilitation.

With the rehabilitative emphasis will come a greater inclusiveness of admissions to the workshop and consequently a more diversified program. Increased numbers being served and greater diversification of work experience will necessitate expansion of physical plant and equipment.

Accepting the therapeutic value of work as a part of total rehabilitation, the workshop will be obligated to make reciprocal use of rehabilitation resources in a coordinated community plan. This may make necessary the revision of policies and practices governing admission, referral, purchase of services, extension of services, and professional teamwork.

Apparent already is the demand for greater professionalization of workshop services and personnel. This points toward workshop participation in research and demonstration as well as to the consumption and application of research findings. Training of rehabilitation personnel will need to be stepped up and oriented to the workshop. Workshops will need to cooperate with other rehabilitation agencies and training institutions in offering internships. In-service training takes on a new significance.

Community coordination for enriched services may mean for many workshops the revamping of programs and the devotion of more time and attention to community relations. It will also mean greater awareness and responsibility in labor and social legislation.

Expansion and improvement of workshop programs offer serious administrative problems, not the least of which is finan-

cial support. To broaden the base from a special disability workshop to a nonsegregated shop may be of particular value to certain communities limited in money and professional staff. To consolidate workshop facilities to include a number of disabilities would in such instances effect economies in space, equipment, and number of professional and technical staff needed. A more comprehensive program serving a larger number, in a period of mounting costs and declining economic conditions, may necessitate subsidization.

Presently it appears that federal subsidies which would be available to workshops for rehabilitation may be authorized by Congress. It is not unreasonable to believe that workshops will be required to meet certain criteria in order to obtain federal funds in the form of subsidies or fees for services purchased by state rehabilitation agencies.

Such standards, whether or not pending legislation is passed, are likely to be developed cooperatively in terms of the philosophy, objectives, and functions of the workshop. Evaluation is likely to be of plant, equipment, staffing, program, financial administration, and rehabilitation achievement in terms of the local workshop's specific aims, setting, and problems. Workshops will need time, and perhaps funds, to work toward the standards once they are established, even though they may not be rigid. A periodic review of each workshop's adherence to the standards will be paramount to maintain a high level of operation. Those workshops which would maintain standards for accreditation ought to begin immediately to define their specific functions and find their place in the rehabilitation resources of the community. They should cooperate fully with their Association in the development of standards and procedures of evaluation.

PRINCIPAL PROBLEMS AFFECTING DESIRABLE CHANGE

Institute participants identified numerous problems as obstacles to desirable change in local situations.

Primary among them was community education. Needed changes, they felt, were difficult to interpret to the community in the face of pressures for unreasonable services and unrealistic results. The cultivation of a suitable community climate is a slow process to which participants cannot devote sufficient time. Awakening community interest and translating it into action require skills and techniques which participants said they did not possess. They recognized that a number of uninformed publics exist in every community, each with its own point of view about the workshop, making an approach to financing an improved program to meet community needs dif-

ficult. How to effect cooperative action with local industry and labor is a hurdle. Local and federal position on subsidization of workshops was considered a determining factor in improvement.

Internal problems also loomed large. It was believed by many that full utilization of community resources and an interdisciplinary team approach are outside the concepts of many local workshop directors and boards. Administrative complacency appeared to be a formidable problem to many who attended the Institute.

Others mentioned that they foresee that traditional patterns of practice and provincial thinking of staff members constitute a barrier to improved professional services, coordination, and the integration of services within the agency. The general inadequacy of present personnel in both number and qualifications is a factor likely to militate against a critical look at existing programs necessary as an initial step toward betterment. Overcoming resistance to change requires patience and consideration of many elements for which the urgency of the situation scarcely leaves time. The lack of research which would provide some of the helpful answers, combined with a shortage of trained personnel, further complicates matters.

Inadequate facilities and equipment plus an insufficient budget were voiced as a critical area hindering improvement of the local workshop.

Many felt that individual workshops and communities could not cope alone with the problems. They felt the need for competent consultation on professional and operational problems from a permanent, central, national source. They also expressed the desirability of participation of local workshop personnel in conferences similar to the Institute on the study of the nature of the workshop and its role in rehabilitation.

AREAS OF CLARIFICATION AT THE INSTITUTE

Participants reported that the Institute experience had to some degree clarified for them some of the confusing terminology used in rehabilitation and that it had refined their concepts of the various types of workshops.

Reports indicated that workshop personnel found at the Institute a more definite function for the workshop and yielded to a broader perspective in which to view their local programs. They began to see the workshop as only one segment of rehabilitation, as a part of a continuum, and realized the importance of focusing their efforts upon the handicapped person. Many of those in attendance who were not directly associated with workshops admitted that for the first time they clearly saw the workshop as an integral part of rehabilitation.

Both workshop personnel and those in other fields of rehabilitation indicated that those services which the workshop is especially qualified to offer, and the relationship of those services to rehabilitation, were distinguished for them during the Institute. The purposes and functions of the workshop emerged more clearly with each session, it was reported, and there was a growing awareness for the need to improve those services. The development of standards for evaluation was viewed by some with anxiety at first, but was later welcomed when more fully understood, as a means of improving workshops.

A considerable number of comments dealt with the area of staffing and professional relations. The need for qualified personnel and the need for defining staff roles were recognized. The importance of integrating professional and production staff made a deep impression on several respondents. Professional evaluation of the handicapped individual became more meaningful during the Institute.

The area of community relations proved to be a stimulating idea for many. Numerous replies indicated an improved concept of the interrelationship of labor and industry with the workshop. Others reported a new perspective of the workshop's place in the total rehabilitation resources of the community. Some began to see the potentials of coordinating community resources for the improvement of services to the handicapped individual.

Many were awakened to the broad needs of rehabilitation of the nation, such as the size of the handicapped population, and to the unmet needs of communities, such as long term employment of the severely handicapped. Participants saw the need for community planning and the need for each workshop to define the scope of its services and its clientele. They also saw the need for planning and extension of services on a larger scale.

Some participants wrote that their concepts had been stimulated, strengthened, or substantiated rather than clarified. Others hoped for further clarification in the final report of the Institute. Most encouraging were those responses which said that the Institute left the participants uncomfortable rather than complacent because the Institute had identified many needs which demand action and many issues which need further clarification by study.

MODIFICATION OF CONCEPTS AT THE INSTITUTE

While a few reported that the exchange of ideas at the Institute served only to underscore, justify, support, or reinforce the thoughts and feelings they already held—and while one person admitted leaving in a state of confusion—most of

the participants reporting said the Institute had positively modified their concept of the rehabilitative role of the workshop.

Participants left Bedford Springs with a new point of view relative to handicapped needs, a greater understanding of the problems of serving the handicapped, enthusiasm for the possibilities of community planning, and a realization for the need of strengthening liaison with other organizations for the total rehabilitation of the handicapped individual.

Institute participants felt that the statement of philosophy, objectives, functions, and guiding principles had established a firm base for the workshop in rehabilitation and had given the workshop stability and status. At the same time, they recognized the limitation of the role and the multiple facets of the role of the workshop in rehabilitation.

There was a new consciousness of the wide diversity of existing workshop facilities and services and of the responsibilities of the workshop for wider areas of operation. At the same time, participants saw the dangers of expanding their services on a horizontal level rather than concentrating on limited services in a special area.

Perhaps the most marked shift of concept was the recognition of industrial production as a rehabilitation tool rather than as an end result in the workshop.

A comment by a state rehabilitation official was significant. He was convinced that the Institute demonstrated possibilities of changing attitudes on the part of those operating the workshop in his state; and that changes in attitude and understanding on the part of workshop operators can come about with a minimum of tension through substitution of a broader frame of reference on which to evaluate a program of a given workshop.

IMPACT OF THE INSTITUTE ON PHILOSOPHY AND PRINCIPLES

The key idea of marked influence seemed to be the new readiness to look at the handicapped individual as a person in need of rehabilitation rather than as one of a special disability group or as a statistical case. Participants were stirred by the Institute's professionalization of their thinking and attitudes.

Meeting workshop and rehabilitation personnel in their own localities, associated with resources unknown to them, impressed some with the soundness for community coordination. The complexity of community planning indicated a cautious approach.

Many went home feeling the need for more adequately trained personnel, for improved administrative policies, for a more definitive role for the workshop in the community, for a refined use of production in training, for an extension of workshop

facilities to less capable clients, for a scientific approach to evaluation, for follow-up, for further study, and for closer cooperation with government agencies. Others left pondering the feasibility and justification for extending workshop services to such segments of population as those who require independence in activities of daily living, the aged, the disabled intellectually superior, and the homebound.

Numerous reports intimated that the Institute had changed the realm of ideals into a realm of basic practice within reach. Workshop personnel were eager to return to their localities and apply the principles advanced to current projects and conditions. They wanted to undertake follow-up studies of their clientele, to make surveys of employment opportunities, to improve evaluation procedures, to investigate community resources, and to identify community needs. They wanted to begin attuning their work programs to rehabilitation.

Participants became aware of the prevalent rigidity of others—and of their own resistance to change—at the Institute. As areas of need were highlighted, delegates said they found a new sense of direction.

As new horizons were seen, participants felt the urgency to improve local problems and realized that they needed acceptable standards toward which to strive. The overview of the national scene and the sharing of common problems made it apparent that concerted effort under professional leadership at national level is essential to the improvement of local workshop programs.

A paragraph quoted from the report of a director of State Services for the Blind is typical of the sentiment expressed: "Unquestionably this Institute brought home to us, who are bounded by work for the blind, that other disability groups have similar needs and there is a point at which forces should be joined to better serve the community on a united basis."

There were several reports which stated that the exchange of experience in the special interest groups netted valuable practical information and that future meetings on operational problems were desirable. That a basic philosophy and guiding principles were essential to improved operations became apparent as the Institute progressed.

IMPLEMENTATION IN POLICY AND PRACTICE

Participants proposed several ways in which the philosophy and principles derived from the Institute might be implemented for improved policies and practices in the workshop.

Legislation was suggested as a powerful means of translating objectives into action. Participants suggested that they be kept better informed of social legislation by periodic reports concern-

ing Bills before Congress relative to the subject of labor, rehabilitation, and the workshop in particular.

A code of ethics for workshops was suggested as a means of lifting business and professional practices.

There was a call for information services in both professional and administrative areas. Professional personnel wanted a clearinghouse of research information. Administrative personnel saw value in an exchange of information concerning practical aspects of operation and community relations. Both felt the need for tools and techniques which are beyond the grasp of a local situation. Stress was placed upon a survey of programs and practices as an aid to improvement and as a basic tool in the development of standards. Many were eager for a mailing list of registrants at the Institute to facilitate a voluntary exchange of information.

The need for further research and demonstration was stressed. It was suggested that the sponsoring organizations undertake the study of some of the problems identified during the Institute to maintain objectivity and a long-range view. Involvement of universities in workshop-oriented research and training was proposed.

Language was recognized as a problem in effective communication among personnel interested in the workshop. It was thought that a positive step should be taken toward clarifying terminology.

Either a permanent central office for consultative assistance on operational problems or a traveling team of consultants was deemed advisable to aid revamping programs upon a basic rehabilitation philosophy.

Numerous reports indicated a preference for expansion and improvement of existing programs before establishment of new facilities. Assistance in gaining public interest and support appears to be needed. Demonstration programs should be explained as to purpose and result in the area of their location.

A small voice was heard for the investigation of the possibilities of establishing a clearinghouse for subcontracts, a product development branch, and a marketing organization not only at the local level but also at the national level.

Anxiety and insecurity occasioned by the emphasis on improvement need to be ameliorated. There should be continued national meetings as a sounding board for national organizations and for local sentiment. Regional and state meetings, patterned after the Institute, should follow to stimulate thinking at all levels and focus attention on the theory as a basis for practice. Continuing committees of the sponsoring organizations might be effective in furthering understanding of the role of the workshop.

There was a great demand for regional conferences (or institutes or clinics) geared to operational problems, specific areas of service, and special interests to apply the principles derived from the Institute to specific practical situations. Assistance is needed in translating theory into practice.

There was considerable emphasis on the development of a classification of programs and upon formulation of standards, preferably by the National Association of Sheltered Workshops and Homebound Programs, for the evaluation of workshop programs and subsequent accreditation, as a means to improve workshop services, not only to ensure obtaining government subsidy but also to attain their rehabilitative role.

The Institute hoped to extend its educational benefits beyond those who registered by reports of participants to their staffs and boards, by duplication and distribution of addresses given at general sessions of the Institute, and by publication of a summary of the group discussions.

SOURCES OF INFORMATION

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The Value of Work in Rehabilitation
Mutual Responsibilities of the Workshop and Industry
Mutual Responsibilities of the Workshop and Labor
The Growth and Development of Workshops Through
Legislation
The Place of the Workshop in the Community
The Emerging Rehabilitative Role of the Workshop
General Reference

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